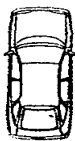


ASSIGNMENT

Surveyor:

ADRIANDOI: **23/06/2022**Date / Time : **23/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBF 5126H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20/06/2022 19:50**

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

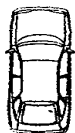
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SLU 601M**INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLU 601M - X	GBF 5126H - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	☐ ☐
			After call ltr to OI:	☐ ☐
			Authorisation To Act:	☐ ☐
			Release Voucher:	☐ ☐
			Final Repair Bill:	☐ ☐
			Car Rental Invoice:	☐ ☐
			Towing Invoice	☐ ☐
			LTA / GIA :	☐ ☐
			Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☐ ☐
			LOD	☐ ☐
			Payment Breakdown Form:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/Sum	S\$ 3,300.00	(4 days) Reduction: 60 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 03/03/2023	Confirm with Ms Sukyi	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : Nil	If NO or B 28, Ass. Lia :	
Repair Cost: with GST	S\$ 3,531.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 200.00 (\$ 50 x 4 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.00			
Medical:	S\$	1) Claim status: Normal/ Reject/Printed/Settle		
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$	3) Survey fee: \$400		
Total:	S\$ 3,733.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 3,733.00	Name 1: SM AUTOMOTIVE		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		