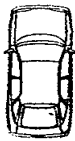


ASSIGNMENT

Surveyor:

ADRIANDOI: **26/07/2022**Date / Time : **26/07/2022**Registered in Merimen: **01/08/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBD 5109T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21.07.2022 12:16**

Place of Accident : _____

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

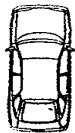
If **NO**, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SJG 7667A**

INSRS:

WSP: **KT**

Tel :

Liability :

RMKS:



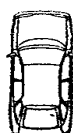
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJG 7667A - X**GBD 5109T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date (Reporting Date) Created By****CC6/EQ116021347/Upp3q2 24/05/2017 GBD 5109T GY 4530X 08/11/2016 24/05/2017 LSP****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\$ **7,000.00** (**5** days) Reduction: **83** %Email ☐ Call ☐**FINAL SETTLEMENT**

Date/Time:

Confirm with:

Email ☒ Call ☐Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **22**

If NO or B 28, Ass. Lia :

Repair Cost: S\$ **7,000.00**Loss of Rental (LOR): **7% GST** S\$ **535.00** (**5** days) **X \$100**

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]GIA/LTA Search S\$ **7.45**

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settlement

2) Report Format:

3) Survey fee:

TP**\$320.00****Total:** S\$ **7,542.45****Global Sum S\$: 7,500.00****FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ **7,500.00**

Name 1:

KT MOTORWERK

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: