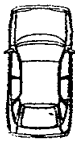


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **31/08/2022**Registered in Merimen: **31.08.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJQ 717H**

Claim No. : _____

Name of Insured : **DESMOND WONG JUN**Policy No. : **SP2001574331-01**

Insured Tel No. : _____ HP: _____

Make / Model : _____

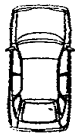
Excess Sec II :\$ _____ D.O.A : **16/08/2022 18:53**Place of Accident : **BLK 215 YISHUN ST 21 OSCP**

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****SLP 9996R**INSRS:
WSP: **CHENG HOE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SLP 9996R - X			
SJQ 717H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/AIG12001594/R1g2a3w2 17/06/2013 SHC 4578M SJQ 717H 23/01/2012 18/06/2013 MRB			
	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:	☐	☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos: ☐
			Others: ☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:
Repair Cost: P/P S\$ 3,286.00 (4 days) Reduction: 5 %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 03/07/2023 Confirm with JUNE			Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24			If NO or B 28, Ass. Lia :
Repair Cost: 7%GST S\$ 3,516.02			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 240.00 (\$ 60 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/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: TP
Legal Cost S\$			3) Survey fee: \$350.00
Total: S\$ 3,758.02 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1: S\$ 3,758.02	Name 1:	Cheng Hoe Motor Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		