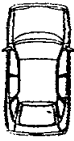


ASSIGNMENT

Surveyor:

XING GUO QIANGDOI: **31.08.2022**Date / Time : **30.08.2022**Registered in Merimen: **31.08.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMQ 7833Z**Claim No. : **MFL2022D0004793**Name of Insured : **FOCUS RENTALS PTE LTD**Policy No. : **D20MFL0007747_01**

Insured Tel No. : _____ HP: _____

Make / Model : _____

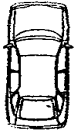
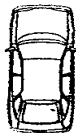
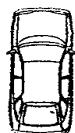
Excess Sec II :S\$ _____ D.O.A : **29/08/2022 07:20**Place of Accident : **PIE (TUAS), 32.5KM - AFTER EXIT 32 JURONG CANAL DRIVER**

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

If NO, Driver Name / Age : **TAY MONG HONG WILSON**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SHA 4083J**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHA 4083J - X	CC3/AIG13001591/H1a2b3q2 28/02/2013 - SHA 4083J SJU 7562U 20/01/2013 04/03/2013 YSL CC3/AIG14046442/H1pb3w2 09/10/2014 - SHA 4083J SJZ 8011K 25/08/2014 14/10/2014 ESL NA/INC09026308/r 21/11/2009 L I HUA SGT 4178G SHA 4083J 21/11/2009 24/11/2009 L TFC NS/INC09026609/Gn 05/12/2009 - SHA 4083J SGT 4178G 21/11/2009 03/12/2009 TFC		
SMQ 7833Z - X			
		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: S\$ _____	(_____ days) Reduction: _____ %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____ Email ☐ Call ☐		
Final Liability: % _____	(Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ _____			
Loss of Rental (LOR): S\$ _____	(_____ days)		
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\$ _____			
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost S\$ _____		3) Survey fee:	
Total: S\$ _____	Global Sum S\$: _____		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		