

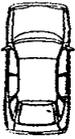
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 31.10.2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : XE 2776XClaim No. : S2M04DIWName of Insured : DYNA-LOG SINGAPORE PTE LTDPolicy No. : GA561441

Insured Tel No. : _____ HP: _____

Make / Model : Mitsubishi Fp51sdr3vdea

Excess Sec II :S\$ _____

D.O.A : 25/10/2022 13:55Place of Accident : 209 Woodlands Ave 9, Singapore 738959

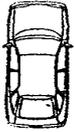
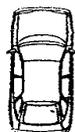
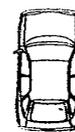
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : GOH SENG HUAT

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**YP 5610BINSRS:
WSP: SYSTEMATIC
Tel : AIRCONDITIONING
Liability: PTE LTD
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>YP 5610B - X</u>	Non-Reporting ltr (1st):	
	<u>XE 2776X - CS/CTI22003151/y3XX ; 01.04.2022</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: <u>P/P</u> S\$ <u>4,884.00</u> (<u>4</u> days) Reduction: <u>53</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>13/05/2023</u> Confirm with <u>SHAH</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>			If NO or B 28, Ass. Lia :
Repair Cost: <u>7%GST</u> S\$ <u>5,225.88</u>			
Loss of Rental (LOR): S\$ <u>1,000.00</u> (<u>4</u> days) <u>X \$250</u>			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: <u>TP</u>
Legal Cost S\$			3) Survey fee: <u>\$350.00</u>
Total: S\$ <u>6,225.88</u>		Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>6,225.88</u>	Name 1: <u>Systematic Airconditioning Pte Ltd</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		