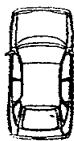


ASSIGNMENTSurveyor: RasulDOI: 21/12/2022Date / Time : 06/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SJF 3449U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : 01/12/2022 07:30

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

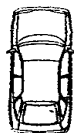
If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

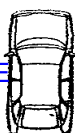
Insured Liability : _____ %

Final ? Yes / NoSMF 455K

INSRS:

WSP: AUTOMOTIVETel : REPAIR CENTRELiability: PTE LTD

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SMF 455K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NA/CTI22012064/04 02/12/2022 TAY HUI HUI, BELINDA (ZHENG HUI HUI, BELINDA) SJF 3449U SMF 455K 01/12/2022 AHS	
SJF 3449U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CS/FCI18012696/04 02/12/2022 TAY HUI HUI, BELINDA (ZHENG HUI HUI, BELINDA) SJF 3449U SMF 455K 01/12/2022 AHS	
NA/CTI22012064/04 02/12/2022 TAY HUI HUI, BELINDA (ZHENG HUI HUI, BELINDA) SJF 3449U SMF 455K 01/12/2022 AHS		
NA/INC17017928/24 18/09/2017 TAY HOE KUAN GBD 3803K SJF 3449U 15/09/2017 21/09/2017 HZT		
	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: <u>L/Sum</u> S\$ <u>3,750.00</u> (<u>6</u> days) Reduction: <u>50</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>09/05/2023</u> Confirm with <u>Shu Juan</u>	Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u> S\$ <u>4,050.00</u>		
Loss of Rental (LOR): S\$ <u>800.00</u> (<u>8</u> days) <u>@\$100</u>		
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\$ <u>7.45</u>		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
Total: S\$ <u>4,857.45</u>	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ <u>4,857.45</u>	Name 1: <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u>	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP3) Survey fee: \$400