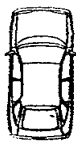


ASSIGNMENTSurveyor: MarcusDOI: 07/12/2022Date / Time : 06.12.2022Registered in Merimen: 06.12.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLW 8602Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 05/12/2022 12:25

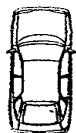
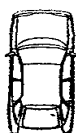
Place of Accident : _____

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**GBC 8283HINSRS: LIU'S BROTHER
WSP: AUTO
Tel : ENGINEERING
Liability : WORKSHOP
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	<u>GBC 8283H - X</u>	<u>SLW 8602Y - X</u>	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
			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: <u>L/Sum</u>	S\$ <u>13,000.00</u>	(<u>10</u> days) Reduction: <u>63</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>12/06/2023</u>	Confirm with <u>Susan</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>5</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>13,000.00</u>			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ <u>800.00</u>	(\$ <u>80</u> x <u>10</u> days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ _____			
Disbursement:	S\$ <u>214.00</u>	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ _____		2) Report Format: <u>TP</u>	
			3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>14,016.00</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ <u>14,016.00</u>	Name 1: <u>LIU'S BROTHER AUTO ENGINEERING WORKSHOP</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		