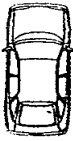


ASSIGNMENT

Surveyor: KENNETH

DOI: _____

Date / Time : 06.12.2022

Registered in Merimen: 06.12.2022**Pre-assign / CCU / FTE**

Insured Vehicle No. : SGJ 8101D

Claim No. :

Name of Insured : HON LI FERN

Policy No. : SP2002128670-01

Insured Tel No. : HP:

Make / Model : Nissan LATIO 1.5L T

Excess Sec II :\$\$ D.O.A : 03/12/2022 11:00

Place of Accident : ALONG CARPARK AT BLK 164 BISHAN STREET 13

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

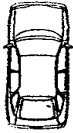
If **NO**, Driver Name / Age : **TAY KIN PIN**

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

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

Insured Liability :	%	Final ? Yes / No
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SJU 3324S



INSRS: TSR
WSP: AUTOMOTIVE
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Reported By	DATE / PIC
SJU 3324S - Reference	CA/INC10013080/1	05/07/2010	NG CHIN POH	SJU 3324S	SGC 4849T	05/07/2010	09/07/2010	LWS
CS3/AIG13023436/Sy3q2	18/12/2013	SGZ 4337H	SJU 3324S	10/12/2013	20/12/2013	KPS		
SGJ 8101D - 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:	☐
PRELIMINARY ADVICE	Date/Time:			Sent By:			Post-Repair Photos:	☐
							Others:	☐
FINALIZATION	Date/Time:			Confirm with:			Confirm by:	
Repair Cost: L/SUM	S\$ 3,800.00	(5 days)	Reduction: 65 %				Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 29/05/2023		Confirm with RYAN				Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 24				If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,800.00							
Loss of Rental (LOR):	S\$ 600.00	(6 days)	X \$100					
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\$ 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\$ 4,402.00		Global Sum S\$:					
FINAL PAYMENT	Date/Time:			Confirm with:			Email ☐	Call ☐
Payee 1:	S\$ 4,402.00		Name 1:	TSR AUTOMOTIVE PTE LTD				
Payee 2: (Strike if N.A.)	S\$		Name 2:					
Payee 3: (Strike if N.A.)	S\$		Name 3:					