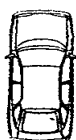


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **21.12.2022**
Registered in Merimen: _____

Pre-assign / CCU / FTE

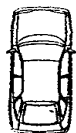
Insured Vehicle No. : **SHC 1282K** Claim No. : **S2M04GVY**
Name of Insured : _____ Policy No. : **P2465679**
Insured Tel No. : _____ HP: _____ Make / Model : **Hyundai Ae ioniq**
Excess Sec II :S\$ _____ D.O.A : **20/12/2022 07:45** Place of Accident : **AYE, Singapore**
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

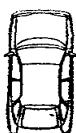
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SLU 4659X**

INSRS:
WSP: **KAH MOTOR**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLU 4659X - X			
SHC 1282K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CS3/ASM22009025/Rvy3e2 03/10/2022 YP 8779D SHC 1282K 26/12/2022 03/10/2022 RAP			
		Non-Reporting ltr (Last)	
		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: P/P S\$ 13,278.07 (9 days) Reduction: 28 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 15/03/2023 Confirm with DESMOND		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: 7% GST S\$ 14,207.53			
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: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 14,207.53 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 14,207.53	Name 1: KAH MOTOR CO SDN BERHAD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		