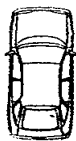


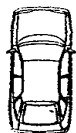
ASSIGNMENT

Surveyor: ADRIAN DOI: 01/02/2023 Date / Time : 01/02/2023
Registered in Merimen: _____

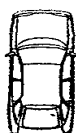
Pre-assign / CCU / FTE

Insured Vehicle No. : SJK 2915X Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ D.O.A : 31/01/2023 13:15 Place of Accident : DOVER ROAD TOWARDS CLEMENTI
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**

GBF 1507T

INSRS:
WSP: **SOON SAN**
Tel : **MOTOR**
Liability : **TRADING**
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
GBF 1507T - X		
SJK 2915X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. A	Non Reporting Ltr (1st)	Non Reporting Ltr (2nd):
CS/TP13008004/Rck3 21/06/2013 SJK 2915X 03/05/2010 26/06/2013	Non Reporting Ltr (1st)	Non Reporting Ltr (2nd):
CS3/MSG15020026/M1gh3d1-1 06/04/2016 SKF 2593E SJK 2915X 21/11/2015 06/04/2016 CCY	Non Reporting Ltr (1st)	Non Reporting Ltr (2nd):
CS3/MSG15020026/R1gbd1 27/11/2015 SKF 2593E SJK 2915X 21/11/2015 06/04/2016 CCY	Non Reporting Ltr (1st)	Non Reporting Ltr (2nd):
	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\$ 18,000.00 (15 days) Reduction: 50 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 27/07/2023 Confirm with: Vincent Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 18,000.00		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ 1,620.00 (\$ 90 x 18 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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		
Legal Cost S\$ _____		
Total: S\$ 19,620.00 Global Sum S\$: 19,550.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 19,550.00 Name 1: SOON SAN MOTOR TRADING		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		