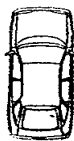


ASSIGNMENTSurveyor: KennethDOI: 23-03-2023Date / Time : 21.03.2023Registered in Merimen: 21.03.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SMG 2515C

Claim No. : _____

Name of Insured : AUTO MEGA MALL PTE. LTD.

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 16.03.2023 10:20

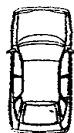
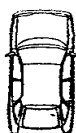
Place of Accident : _____

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

If NO, Driver Name / Age : PEK TAI LEONG ROLAND

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

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

Insured Liability : % **Final ? Yes / No****SLU 3098X**INSRS:
WSP: OPTIMA
Tel : WERKZ
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SLU 3098X	NA/INC19006824/h4 17/04/2019 KUAN BOON YONG (GUAN WENRONG) SLU 3098X S/W 6925D 16/04/2019 25/04/2019 LSH	Non-Reporting ltr (1st):	
SMG 2515C	CS/INC22007364/Tqy3 02/08/2022 SMG 2515C SMM 5006D 30/07/2022 NMY	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>1,900.00</u> (<u>4</u> days) Reduction: <u>63</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>01/07/2023</u> Confirm with: <u>Joseph</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>31</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>2,052.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>240.00</u> (\$ <u>60</u> x <u>4</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>26.75</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Printed/Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$350</u>	
Total:	S\$ <u>2,318.75</u> Global Sum S\$: 2,300.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>2,300.00</u> Name 1: <u>OPTIMA WERKZ PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		