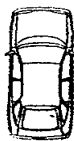


ASSIGNMENTSurveyor: **ADRIAN**DOI: **02/03/2023**Date / Time : **27.03.2023**Registered in Merimen: **27.03.2023**

Pre-assign / CCU / FTE

*** LKK SURVEY BEFORE AIS
GV ASSIGNMENT ***Insured Vehicle No. : **PC 3822U**

Claim No. :

Name of Insured : **TONG TAR TRANSPORT SERVICE PTE LTD**Policy No. : **SP2002880336**Insured Tel No. : HP: **22/02/2023 12:15**

Make / Model :

Excess Sec II :S\$

D.O.A : **22/02/2023 12:15**Place of Accident : **210 Portsdown Rd, Singapore 139305**

Is driver the owner? (YES / NO)

Nature of Accident :

NO.3 MEDIA LINK

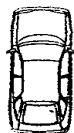
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**PZ 644R**INSRS:
WSP: **YSK AUTO
WORKSHOP**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
PZ 644R - Reference Entry	CS/FCI14015979/Rqbu2 09/09/2014 - PZ 644R SHD 4289S 17/08/2014 12/09/2014 CKL		
PC 3822U - 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\$ 8,000.00 (6 days) Reduction: 68 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/06/2023 Confirm with Janet		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 8,000.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 900.00 (\$ 150 x 6 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
Total:	S\$ 8,900.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 8,900.00	Name 1: YSK AUTO WORKSHOP	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	