

INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **13/02/2020**Date / Time : **12/02/2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **SGX 9299R**Claim No. : **19/20/20/VP05/023018**Name of Insured : **---**Policy No. : **---**Insured Tel No. : **---** HP: **---**Make / Model : **---****Excess Sec II : S\$** **---** D.O.A : **07/02/2020**Place of Accident : **AYE > JURONG**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****SJR 4343X**INSRS:  
WSP: **FOCUS**  
Tel : **AUTO**  
Liability : **---**  
RMKS: **---**INSRS:  
WSP: **---**  
Tel : **---**  
Liability : **---**  
RMKS: **---**INSRS:  
WSP: **---**  
Tel : **---**  
Liability : **---**  
RMKS: **---**INSRS:  
WSP: **---**  
Tel : **---**  
Liability : **---**  
RMKS: **---**

| Date/ Time                                                                     | SGX 9299R - X                                                         | SJR 4343X - X                                | STAGE                                                         | DATE / PIC                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|
|                                                                                |                                                                       |                                              | Non-Reporting ltr (1st):                                      |                                                              |
|                                                                                |                                                                       |                                              | Non-Reporting ltr (2nd):                                      |                                                              |
|                                                                                |                                                                       |                                              | Non-Reporting ltr (Final):                                    |                                                              |
|                                                                                |                                                                       |                                              | Notification ltr (if non-pickup):                             |                                                              |
|                                                                                |                                                                       |                                              | Call OI:                                                      |                                                              |
|                                                                                |                                                                       |                                              | After call ltr to OI:                                         |                                                              |
|                                                                                |                                                                       |                                              | <b>Documentation Check List:</b>                              | <b>Handler</b>                                               |
|                                                                                |                                                                       |                                              | Notification ltr (if non-pickup)                              | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | After call ltr to OI:                                         | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Authorisation To Act:                                         | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Release Voucher:                                              | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Final Repair Bill:                                            | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Car Rental Invoice:                                           | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Towing Invoice                                                | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | LTA / GIA :                                                   | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Medical Bill:                                                 | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | PIR:                                                          | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Mandate/Reject Instruction:                                   | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | LOD                                                           | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Payment Breakdown Form:                                       | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Post-Repair Photos:                                           | <input type="checkbox"/>                                     |
|                                                                                |                                                                       |                                              | Others:                                                       | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                                                            | Sent By:                                     |                                                               |                                                              |
| <b>FINALIZATION</b>                                                            | Date/Time:                                                            | Confirm with:                                | Confirm by: <b>CKS</b>                                        |                                                              |
| Repair Cost:                                                                   | <b>L/S S\$ 1,300.00</b>                                               | ( <b>13</b> days) Reduction:                 | <b>41</b> %                                                   | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>11.08.20</b>                                            | Confirm with <b>JENNY</b>                    | Email <input type="checkbox"/> Call <input type="checkbox"/>  |                                                              |
| Final Liability:                                                               | % <b>100</b>                                                          | (Agreed / Assessed) BOLA S/N No. : <b>28</b> | If NO or B 28, Ass. Lia : <b>0%</b>                           |                                                              |
| Repair Cost:                                                                   | <b>w/GST S\$13,910.00</b>                                             | <b>8VEH CC OI 6TH</b>                        |                                                               |                                                              |
| Loss of Rental (LOR):                                                          | <b>S\$ 1,600.00</b>                                                   | ( <b>16</b> days) X <b>\$100</b>             |                                                               |                                                              |
| Loss of Use (LOU):                                                             | <b>S\$ -</b>                                                          | ( \$ x days)                                 |                                                               |                                                              |
| Loss of Income (LOI):                                                          | <b>S\$ -</b>                                                          | ( \$ x days)                                 |                                                               |                                                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one]                              |                                                               |                                                              |
| GIA/LTA Search                                                                 | <b>S\$ 31.00</b>                                                      |                                              |                                                               |                                                              |
| Medical:                                                                       | <b>S\$ -</b>                                                          |                                              |                                                               |                                                              |
| Disbursement:                                                                  | <b>S\$ -</b>                                                          | (e.g. Tow/ Independent )                     | 1) Claim status: Normal/ <del>Reject/Private Settlement</del> |                                                              |
| Legal Cost                                                                     | <b>S\$ -</b>                                                          | 2) Report Format:                            |                                                               | <b>TP</b>                                                    |
| <b>Total:</b>                                                                  | <b>S\$ 15,541.00</b>                                                  | <b>Global Sum S\$: 15,500.00</b>             | 3) Survey fee: <b>\$400</b>                                   |                                                              |
| <b>FINAL PAYMENT</b>                                                           | Date/Time: <b>11.08.20</b>                                            | Confirm with: <b>JENNY</b>                   | Email <input type="checkbox"/> Call <input type="checkbox"/>  |                                                              |
| Payee 1:                                                                       | <b>S\$ 15,500.00</b>                                                  | Name 1:                                      | <b>FOCUS AUTO PTE LTD</b>                                     |                                                              |
| Payee 2: (Strike if N.A.)                                                      | <b>S\$</b>                                                            | Name 2:                                      |                                                               |                                                              |
| Payee 3: (Strike if N.A.)                                                      | <b>S\$</b>                                                            | Name 3:                                      |                                                               |                                                              |