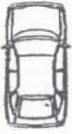


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **11/02/2020**Date / Time: **11/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJW 797U**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **23/01/2020 09:00**Place of Accident : **BARTLEY RD TWDS UNDER TUNNEL**

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****SMG 7575X**INSRS:
WSP: **LEANG**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 7575X - X	SJW 797U - 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:	
			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:	L/S \$1,600	(3 days) Reduction: 1,401.30/47 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 1/7/2020	Confirm with LEANG	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,600.00			
Loss of Rental (LOR):	\$S (days)			
Loss of Use (LOU):	\$S 240.00 (\$ 60 x 4 days)			
Loss of Income (LOI):	\$S (\$ x days)			
LOR only ☐ LOU only ☒	☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	\$S 29			
Medical:	\$S			
Disbursement:	\$S	(e.g. Tow/ Independent)		
Legal Cost	\$S			
Total:	\$S 1,869.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S 1,869.00	Name 1: LEANG AUTOMOTIVE		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		

