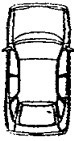


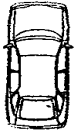
ASSIGNMENTSurveyor: KENNETHDOI: 13/04/2020Date / Time : 13/04/2020Registered in Merimen: 13/04/2020**Pre-assign / CCU / FTE**

Insured Vehicle No. : SDU 444U
 Name of Insured : ANGELINE SENG LAI SIN
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 10/04/2020

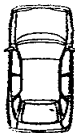
Claim No. : 3603751353SG
 Policy No. : 2100312152
 Make / Model : SUBARU FORESTER 2.5X
 Place of Accident : X OF UPP SERANGOON RD & MEYAPPA CHETTIAR RD

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

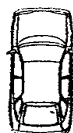
If NO, Driver Name / Age :EUGENE TAN THIAM HEE

Driver Tel No. : 96914173 (V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No**SKG 4086J

INSRS:
WSP: **CHENG HOE MOTOR**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKG 4086J - X	STAGE
		DATE / PIC
		Non-Reporting ltr (1st):
	SDU 444U - NA/AIG12001037/w1 14/01/2012	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/S S\$ 4050.00 (4 days) Reduction: 1529.86 % 27 Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 16/07/2021 Confirm with JUNE Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 31a If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 4,333.50 W/GST		
Loss of Rental (LOR): S\$ 400.00 (4 days) x \$100.00		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 8.00		
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: \$320.00
Total: S\$ 4,741.50 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 4,741.50 Name 1: Cheng Hoe Motor Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		