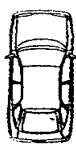


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **04/05/2020**Date / Time : **04/05/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SFD 86K**
 Name of Insured : **ALICE CHOO LAY HONG**
 Insured Tel No. : _____ HP: _____
Excess Sec II : S\$ _____ **D.O.A :** **04/05/2020**

Claim No. : **S0M02NHG**
 Policy No. : **GA512646**
 Make / Model : **AUDI A7 SPORTBACK 3.0 TFSI**
 Place of Accident : **TURF CLUB ROAD NEAR LOT C1**

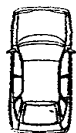
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

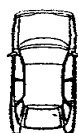
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SMC 3973C**

INSRS:
WSP: **New Hock**
Tel : **Teck**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMC 3973C - X	SFD 86K - 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: LWP	
Repair Cost:	P/P S\$ 19,249.71	(12 days) Reduction:	61 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28.12.20	Confirm with SUKYI	Email ☐	Call ☐
Final Liability:	100 % 80	(Agreed / Assessed) BOLA S/N No. :	MAG 12b	
Repair Cost:	\$20,597.19	S\$ 16,477.75	OID TURN RIGHT INTO THE MAIN ROAD	
Loss of Rental (LOR):	\$900	S\$ 900.00	(9 days) x \$100	
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	\$2.00	S\$ 2.00		
Medical:	-	S\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	-	S\$ -	(e.g. Tow/ Independent)	
Legal Cost	-	S\$ -	2) Report Format: TP	
			3) Survey fee: \$350	
Total:	\$21,499.19	S\$ 17,379.75	Global Sum S\$: 17,300.00	
FINAL PAYMENT	Date/Time: 28.12.20	Confirm with: SUKYI	Email ☐	Call ☐
Payee 1:	S\$ 17,300.00	Name 1:	NEW HOCK TECK MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		