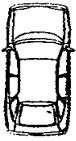


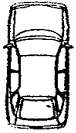
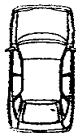
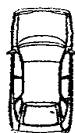
INS. CASE OWNER:

ASSIGNMENTSurveyor: **STEVE**DOI: **05/05/2020**Date / Time : **05/05/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMA 1500H**Claim No. : **SOM02NHJ**Name of Insured : **CHRISTOPHER THOMAS**Policy No. : **GA478755**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI OS KONA 1.0 T-GDI MT****Excess Sec II :S\$** _____ D.O.A : **30/04/2020 08:35**Place of Accident : **BLK 147 & 149 BISHAN ST11 CARPARK**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **JUSTIN PRAGASH CHRISTOPHER**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **+65-96524245** (V/L: YES / NO)Insured Liability : % **Final ? Yes / No****SML 1452E**INSRS:
WSP: **MY CAR**
Tel : **CONSULTANT**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SML 1452E			STAGE	DATE / PIC
	SMA 1500H	NA/INC20005524/z4 ; DOA : 30.04.2020		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
				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:	S\$	(days) Reduction:	%	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐	Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$	(days)			
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\$				
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:	
Legal Cost	S\$			3) Survey fee:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			