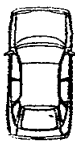


ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **26/05/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SCZ 9832J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ **D.O.A : 23/05/2020**

Place of Accident : _____

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

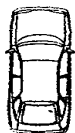
If **NO**, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMP 7997P**INSRS:
WSP: **CAS GARAGE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMP 7997P - X	STAGE
		DATE / PIC
		Non-Reporting ltr (1st):
	SCZ 9832J - CC4/ASM19015095/Upb3q2 ; 23/08/2019	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\$ 11,200.00 (8 days) Reduction: 9877.44 % 46		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 23/07/2020 Confirm with NICOLE		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 11,200.00		
Loss of Rental (LOR): S\$ (days)		OI FAIL TO STOP AT STOP LINE BEF
Loss of Use (LOU): S\$ 450.00 (\$ 50 x 9 days)		TURNING
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement: S\$ 60.00 (e.g. ☒ Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$350.00
Total: S\$ 11,717.45 Global Sum S\$: 11,700.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 11,700.00 Name 1: CAS GARAGE PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		