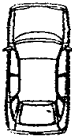


ASSIGNMENTSurveyor: AdrianDOI: 23/09/2020Date / Time : 22/09/2020Registered in Merimen: 22/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SBL 1230J

Claim No. : _____

Name of Insured : LING SIN YEE MICHELLE (LIN XINYI MICHELLE)

Policy No. : _____

Insured Tel No. : _____ HP: _____

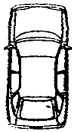
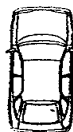
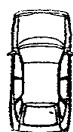
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/09/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SJY 1236EINSRS:
WSP: ACE AUTOLUTION
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJY 1236E : NBA/CTI20010076/Y ; DOA : 18/09/2020	STAGE
	SBL 1230J : NA/AIG20010060/h4 ; DOA : 18/09/2020	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S	S\$ 5,800.00 (7 days) Reduction: \$6,399.30 % 52	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/07/2021	Confirm with anna
		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 5,800.00	
Loss of Rental (LOR):	S\$ 1,070.00 (10 days) x \$107.00 W/GST	
Loss of Use (LOU):	S\$ (\$ x days)	C.C (OI 2ND)
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 36.45	
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\$ 6,906.45	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$6,906.45	Name 1: ACE AUTOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: