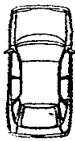


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor:

**ADRIAN**DOI: **14/12/2020**Date / Time : **14/12/2020**Registered in Merimen: **15/12/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLJ 1778M**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$**D.O.A : **08/12/2020 18:35**Place of Accident : **PIE TOWARD JURONG**

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

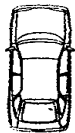
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****SLV 1907U -> SLJ 1778M****SMM 1961Y****GBC 4900L****SJP 5260E**

INSRS:

WSP:

Tel :

Liability :

RMKS:

**OI**

INSRS:

WSP: **XIN HUA**Tel : **WORKSHOP**

Liability :

RMKS:

**TP**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SMM 1961Y - X</b>	Non-Reporting ltr (1st):	
	<b>SLJ 1778M - CS/AIG20013604/Evf3e2 ; 08/12/2020</b>	Non-Reporting ltr (2nd):	
	<b>CS3/AIG19012187/Gcf3e2 ; 05/07/2019</b>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>27/08/2021</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: <b>L/S</b>	S\$ <b>30,200.00</b> ( <b>14</b> days) Reduction: <b>49.83</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>25/08/2021</b> Confirm with <b>KERRY</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b> If NO or B 28, Ass. Lia : <b>0%</b>
Repair Cost:	S\$ <b>30,200.00</b>
Loss of Rental (LOR) <b>W/GST</b>	S\$ <b>2,461.00</b> ( <b>23</b> days) <b>X \$100.00</b> <b>OID involve in 5 veh c.c ; OID is 4th car</b>
Loss of Use (LOU):	S\$ (\$ x days)
Loss of Income (LOI):	S\$ (\$ x days)
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$ <b>7.45</b>
Medical:	S\$
Disbursement:	S\$ (e.g. Tow/ Independent )
Legal Cost	S\$
<b>Total:</b>	S\$ <b>32,668.45</b> <b>Global Sum S\$: 32,600.00</b>
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>32,600.00</b> Name 1: <b>XIN HUA WORKSHOP PTE LTD</b>
Payee 2: (Strike if N.A.)	S\$ Name 2:
Payee 3: (Strike if N.A.)	S\$ Name 3: