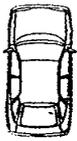


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 23.02.2021  
Registered in Merimen: 23.02.2021

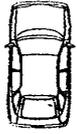
**Pre-assign / CCU / FTE**



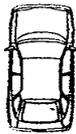
Insured Vehicle No. : SKS 5058X Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 17/02/2021 21:00 Place of Accident : T JUNCTION OF TMAPINES ST 22 AND AVE 2  
Is 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 9491Z



INSRS:  
WSP: HOCK WAH  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time        | 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:                           |                                     |
|                   | <b>Documentation Check List: Handler Typist</b> |                                     |
|                   | Notification ltr (if non-pickup)                | <input type="checkbox"/>            |
|                   | After call ltr to OI:                           | <input checked="" type="checkbox"/> |
|                   | Authorisation To Act:                           | <input checked="" type="checkbox"/> |
|                   | Release Voucher:                                | <input checked="" type="checkbox"/> |
|                   | Final Repair Bill:                              | <input checked="" type="checkbox"/> |
|                   | Car Rental Invoice:                             | <input checked="" type="checkbox"/> |
|                   | Towing Invoice                                  | <input type="checkbox"/>            |
|                   | LTA / GIA :                                     | <input checked="" type="checkbox"/> |
|                   | Medical Bill:                                   | <input type="checkbox"/>            |
|                   | PIR:  | <input type="checkbox"/>            |
|                   | Mandate/Reject Instruction:                     | <input checked="" type="checkbox"/> |
|                   | LOD   | <input checked="" type="checkbox"/> |
|                   | Payment Breakdown Form:                         | <input type="checkbox"/>            |
|                   | Post-Repair Photos:                             | <input type="checkbox"/>            |
|                   | Others:   | <input type="checkbox"/>            |
| <u>08/06/2021</u> | <u>SETTLED AND CLOSED / NO PHY FILE</u>         |                                     |

|  |  |                        |   |
|--|--|------------------------|---|
| <b>PRELIMINARY ADVICE</b>  | Date/Time:   | Sent By:               |   |
| <b>FINALIZATION</b>  | Date/Time:   | Confirm with:          | Confirm by:   |
| Repair Cost: <u>L/S</u>  | S\$ <u>3,100.00</u> ( <u>4</u> days) Reduction: <u>54.62</u> % |                        | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>  | Date/Time: <u>03/06/2021</u> Confirm with <u>ANYZIA</u>        |                        | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:   | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>      |                        | If NO or B 28, Ass. Lia :   |
| Repair Cost: (W/GST)   | S\$ <u>3,317.00</u>  |                        |   |
| Loss of Rental (LOR):  | S\$ <u>400.00</u> ( <u>4</u> days) <u>X \$100.00</u>           |                        |   |
| 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\$ <u>2.00</u>  |                        |   |
| Medical:   | S\$  |                        | 1) Claim status: Normal/Reject/Private Settle                           |
| Disbursement:  | S\$ (e.g. Tow/ Independent )                                   |                        | 2) Report Format: <u>TP</u>   |
| Legal Cost   | S\$  |                        | 3) Survey fee: <u>\$320.00</u>  |
| <b>Total:</b>  | S\$ <u>3,719.00</u>  | <b>Global Sum S\$:</b> |   |
| <b>FINAL PAYMENT</b>   | Date/Time:   | Confirm with:          | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:   | S\$ <u>3,719.00</u>  | Name 1:                | <u>HOCK WAH MOTOR WORKSHOP PTE LTD</u>                                  |
| Payee 2: (Strike if N.A.)  | S\$  | Name 2:                |   |
| Payee 3: (Strike if N.A.)  | S\$  | Name 3:                |   |