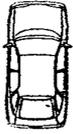


**ASSIGNMENT**

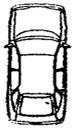
Surveyor: Adrian DOI: 26/02/2021 Date / Time : 26/02/2021  
 Registered in Merimen: —

**Pre-assign / CCU / FTE**

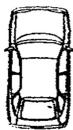


Insured Vehicle No. : SJQ 3963T Claim No. : \_\_\_\_\_  
 Name of Insured : HO ANNY Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : \$\$** D.O.A : 06/02/2021 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES /  NO ) Nature 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**

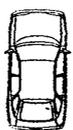
**SLJ 9573J**



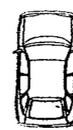
INSRS:  
WSP: XIN HUA  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
SLJ 9573J : X	Non-Reporting ltr (1st):	
SJQ 3963T : CS/TP11000782/Aw1 ; DOA : 18/12/2010	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 type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: L/S S\$ \$8,000.00 ( 6 days' Reduction: \$9,494.60 % 54 Email  Call

**FINAL SETTLEMENT** Date/Time: 16/09/2021 Confirm with kerry Email  Call   
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :  
 Repair Cost: S\$ 7,100.00 W/GST (AXA'S INSTRUCTION)  
 Loss of Rental (LOR): S\$ 900.00 ( 9 days) x \$100.00  
 Loss of Use (LOU): S\$ (\$ x days)  
 Loss of Income (LOI): S\$ (\$ x days)  
 LOR only  LOU only  LOR + LOU  LOR + LC  [Tick only one]  
 GIA/LTA Search S\$ 7.45  
 Medical: S\$ \_\_\_\_\_  
 Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost S\$ \_\_\_\_\_  
 1) Claim status:  Normal/Reject/Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$350.00

**Total:** S\$ 8,007.45 **Global Sum S\$:**

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
 Payee 1: S\$ 8,007.45 Name 1: XIN HUA WORKSHOP PTE LTD  
 Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_