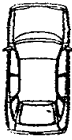


ASSIGNMENTSurveyor: KennethDOI: 02/06/2021Date / Time : 26/03/2021Registered in Merimen: 26/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GZ 9949J

Claim No. : _____

Name of Insured : BIOCARE GLOBAL PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 25/03/2021

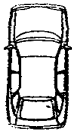
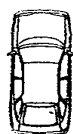
Place of Accident : _____

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****SKC 3503A**INSRS:
WSP: KGC WORKSHOP
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKC 3503A : X ; GZ 9949J : X		STAGE	DATE / PIC
30/03/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER		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: _____			Confirm by: _____	
Repair Cost: L/S	S\$ \$1,200.00	(2 days) Reduction: \$3,152.40 % 72	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 13/08/2021 Confirm with POH KIN			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,284.00	W/GST		
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$ 150.00	(\$ 50 x 3 days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00			
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\$ 1,436.00	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒ Call ☐	
Payee 1:	S\$ 1,436.00	Name 1: KGC WORKSHOP PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		