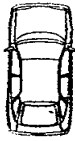


INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**DOI: **08/04/2021**Date / Time : **08/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKZ 52H**Claim No. : **S1M037HA**Name of Insured : **SOON BOON HAI**Policy No. : **GA556175**

Insured Tel No. : _____ HP: _____

Make / Model : _____

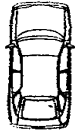
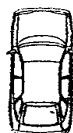
Excess Sec II :S\$ _____ D.O.A : **06/04/2021 19:10**Place of Accident : **PIE TWDS CHANGI BEFORE BKE EXIT**

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****YP 2192K**INSRS:
WSP: **LEE BROTHERS**
Tel : **AUTOMOTIVE**
Liability : **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	YP 2192K - X	SKZ 52H - X	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:	
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost: L/S	S\$ 1650.00 (3 days) Reduction: \$1,055.25 % 39	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 13/08/2021 Confirm with SHARIFAH	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 1,765.50 W/GST			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 360.00 (\$ 90 x 4 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.45			
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: \$350.00		
Total:	S\$ 2,132.95	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 2,132.95	Name 1: LEE BROTHERS AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		