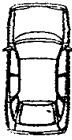


ASSIGNMENTSurveyor: AdrianDOI: 12/04/2021Date / Time : 13/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SG 5438B

Claim No. : _____

Name of Insured : GO AHEAD SINGAPORE PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

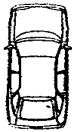
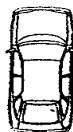
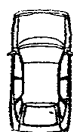
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/04/2021

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****SMJ 4647B**INSRS:
WSP: **XIN HUA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMJ 4647B : X	STAGE DATE / PIC
	SG 5438B : NBA/INC19021072/Y ; DOA : 28/11/2019	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	- Please check / verify OI DL	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
22.10.2021	PLEASE REFER TO VIEW FOR MORE DETAILS	After call ltr to OI:
	*SUBMIT WP AS PER FCI INSTRUCTIONS	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: nett value S\$ 6,000.00 (6 days) Reduction: 71 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$ (_____ days)		
Loss of Use (LOU): S\$ (\$ _____ x _____ days)		
Loss of Income (LOI): S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle wp
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: 511.00
Total: S\$	Global Sum S\$:	\$170.00 + \$150.00 + \$91.00 + \$50.00 + \$50.00
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1: S\$	Name 1: _____	
Payee 2: (Strike if N.A.) S\$	Name 2: _____	
Payee 3: (Strike if N.A.) S\$	Name 3: _____	