

ASSIGNMENTSurveyor: AdrianDOI: 30/04/2021Date / Time : 30/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GW 3328G

Claim No. : _____

Name of Insured : BLOOMING GARDEN PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

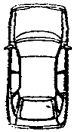
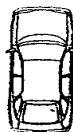
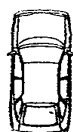
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/04/2021

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SMM 6200C**INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMM 6200C : X	STAGE
	GW 3328G : NA/TMI20001758/z4 ; DOA : 27/01/2020	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>L/S</u>	S\$ <u>\$2,500.00</u> (<u>4</u> days) Reduction: <u>\$8,313.28</u> % <u>77</u>	Confirm by:
FINAL SETTLEMENT	Date/Time: <u>28/10/2021</u> Confirm with <u>KERRY</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>2,675.00</u> <u>W/GST</u>	
Loss of Rental (LOR):	S\$ <u>400.00</u> (<u>4</u> 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 + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>	
Medical:	S\$	1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$	3) Survey fee: <u>\$400.00</u>
Total:	S\$ <u>3,082.45</u>	Global Sum S\$: <u>3,000.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ <u>3,000.00</u>	Name 1: <u>XIN HUA WORKSHOP PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: