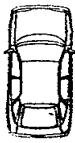


ASSIGNMENTSurveyor: **XGQ**DOI: **24/05/2021**Date / Time : **24.05.2021**Registered in Merimen: **24.05.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLP 7122J**Claim No. : **4595193523SG**Name of Insured : **Chee Mee Ding**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **Mazda 3****Excess Sec II :S\$**D.O.A : **28/04/2021 14:40**Place of Accident : **Upper Boon Keng Rd, Singapore**

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**FR 7889R**INSRS:
WSP: **SIN BOON**
Tel : **MOTOR CO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	FR 7889R - NBA/MSG15006200/e1 ; 10.4.2015	STAGE	DATE / PIC
	SLP 7122J - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
19/11/2021	Pls refer to VIEWS for details.	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: P/P	S\$ 8,139.00 (4 days) Reduction: 45 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/11/2021 Confirm with Mr Cheng	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 11a	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 8,708.73		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 100.00 (\$ 25 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\$		
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\$ 8,808.73	Global Sum S\$:	8,800.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 8,800.00	Name 1:	Sin Boon Motor Co
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	