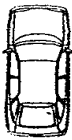


ASSIGNMENTSurveyor: AdrianDOI: 09/06/2021Date / Time : 09/06/2021Registered in Merimen: 09/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMD 704C

Claim No. : _____

Name of Insured : SIM KIM LIAN MAUREEN

Policy No. : _____

Insured Tel No. : _____ HP: _____

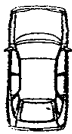
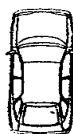
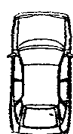
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/06/2021

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**SMY 8967Y → _____ → _____ → _____ → _____INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMY 8967Y : X ; SMD 704C : 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
			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:	Confirm by:
Repair Cost: <u>P/P</u>	S\$ <u>7,304.00</u> (<u>5</u> days) Reduction: <u>55</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>16/12/2021</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>7,815.28</u>		
Loss of Rental (LOR):	S\$ <u>700.00</u> (<u>7</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\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ <u>8,522.73</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ <u>8,522.73</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:	

1) Claim status: Normal/~~Reject/Private Settle~~2) Report Format: TP3) Survey fee: 320.00