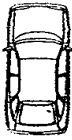


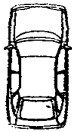
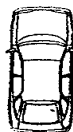
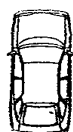
ASSIGNMENTSurveyor: AdrianDOI: 28/07/2021Date / Time : 28/07/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SGR 158BClaim No. : SNM21D204293Name of Insured : JOHNEY KHOO UNG CHENPolicy No. : DMHCSNW00001142100

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/07/2021Place of Accident : Lor 8 Toa Payoh SLIP RD TO PIEIs 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****SLU 3970C**INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLU 3970C : NA/CTI21008260/r3 ; DOA : 24/07/2021	STAGE DATE / PIC
	SGR 158B : CC4/AIG12008768/Ka2a3 ; DOA : 19/04/2012	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 ☐ ☐
	CLAIMANT: ALPINE CAR RENTAL PTE LTD	LTA / GIA : ☐ ☐
	TPV: OPEL MOKKA - 1598cc	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: L/S	S\$ \$4,200.00 (4 days) Reduction: \$16,854.70% 80	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with: KERRY	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,494.00 W/GST	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 300.00 (\$ 50 x 6 days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [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: \$400.00
Total:	S\$ 4,801.45 Global Sum S\$ 4,800.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ _____ Name 1: XIN HUA WORKSHOP PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	