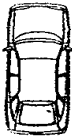


ASSIGNMENTSurveyor: KennethDOI: 09/06/2021Date / Time : 08/06/2021Registered in Merimen: 08/06/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SLS 5581P
 Name of Insured : TAN LEE LIAN NEO MAGGIE
MRS. SIN BOON WAH

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

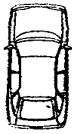
Excess Sec II :S\$ _____ D.O.A : 17/05/2021Place of Accident : GREENWICH VILLAGE

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

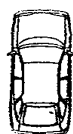
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SDS 1133X**

INSRS:
WSP: AH LIM MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SDS 1133X : X ; SLS 5581P : X		STAGE	DATE / PIC
14/06/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
	TPV: MB E200 - 1991cc		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\$ 1,693.60	(2 days) Reduction: \$828.30 % 33	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 28/12/2021 Confirm with <u>MUI HONG</u>			Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,812.15	W/GST		
Loss of Rental (LOR):	S\$ 300.00	(3 days) x \$100	(AIG INSTRUCTION TO DS)	
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐	LOU only ☐	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	S\$ 2.00			
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: \$0	
Total:	S\$ 2,114.15	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐	Call ☐
Payee 1:	S\$ 2,114.15	Name 1: AH LIM MOTOR COMPANY		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		