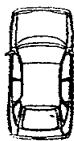


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **24/08/2021**Date / Time : **24/08/2021**Registered in Merimen: **29/08/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMX 2979H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22/08/2021 11:15**

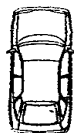
Place of Accident : _____

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

If NO, Driver Name / Age :

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

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

Insured Liability : % **Final ? Yes / No****SGQ 818K**INSRS:
WSP: **J-MART**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGQ 818K - X	SMX 2979H - 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 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:	☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP	
Repair Cost:	L/S S\$ 1,600.00	(4 days) Reduction:	63% Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 03.03.22	Confirm with JMART	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 1,712.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ 500.00	(5 days) x \$100		
Loss of Use (LOU):	S\$ -	(\$ x 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\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Printed Settlement	
Legal Cost	S\$ -	2) Report Format: TP		3) Survey fee: \$320
Total:	S\$ 2,212.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 03.03.22	Confirm with: JMART	Email ☐ Call ☐	
Payee 1:	S\$ 2,212.00	Name 1:	J-MART MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		