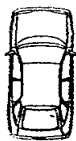


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **20/09/2021**Date / Time : **16/09/2021**Registered in Merimen: **16/09/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLL 6297R**Claim No. : **MFL2021D0004077**

Name of Insured : _____

Policy No. : **D21MFL0000447**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **14/09/2021 17:15**

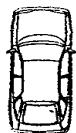
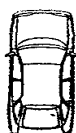
Place of Accident : _____

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****SLC 7283X**INSRS: **Kang Car**
WSP: **Repairers**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLC 7283X - NBA/INC20008351/Y ; 11/08/2020		
	SLL 6297R - X	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: LWP		
Repair Cost: L/S S\$ 4,500.00 (5 days) Reduction: 41 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 18.08.22 Confirm with SHARON	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,815.00		OID REVERSED HIT TP PARKED VEHICLE	
Loss of Rental (LOR): w/GST S\$ 428.00 (4 days) x \$100		(REFER TO TP EVIDENCE EMAIL)	
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\$ 7.49			
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: \$350	
Total: S\$ 5,250.49	Global Sum S\$: 5,250.00		
FINAL PAYMENT	Date/Time: 18.08.22 Confirm with: SHARON	Email ☐ Call ☐	
Payee 1: S\$ 5,250.00	Name 1: KANG CAR REPAIRERS PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		