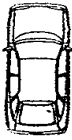


ASSIGNMENTSurveyor: MarcusDOI: 18/11/2021Date / Time : 09/11/2021Registered in Merimen: 09/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMM 4153T

Claim No. : _____

Name of Insured : Lee Chow Lin

Policy No. : _____

Insured Tel No. : _____ HP: _____

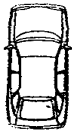
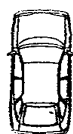
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/11/2021

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****GBE 7414T** → _____ → _____ → _____ → _____INSRS:
WSP: **JIN AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
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RMKS:INSRS:
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Tel :
Liability :
RMKS:

Date/ Time																																																
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31/12/2021	TP WITHDRAW CLAIM. SUBMIT WP																																															
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____																																																
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____																																																
Repair Cost: P/P	S\$ 800.00 (2 days) Reduction: \$840.00 % 51	Email <input type="checkbox"/> Call <input type="checkbox"/>																																														
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>																																																
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :																																														
Repair Cost:	S\$																																															
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Loss of Use (LOU):	S\$ (\$ x days)	* CONFLICTING VERSION*																																														
Loss of Income (LOI):	S\$ (\$ x days)																																															
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]																																																
GIA/LTA Search	S\$																																															
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle																																														
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: WP																																														
Legal Cost	S\$	3) Survey fee: \$290.00																																														
Total:	S\$	Global Sum S\$:																																														
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>																																																
Payee 1:	S\$	Name 1:																																														
Payee 2: (Strike if N.A.)	S\$	Name 2:																																														
Payee 3: (Strike if N.A.)	S\$	Name 3:																																														