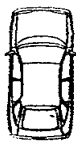


ASSIGNMENTSurveyor: ADRIANDOI: 08/12/2021Date / Time : 08/12/2021Registered in Merimen: 08/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMA 2332U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

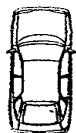
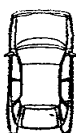
Excess Sec II : S\$ _____ D.O.A : 06/12/2021 13:08Place of Accident : 337 Ang Mo Kio Ave 8, Singapore
AT THE OPEN SPACE CAR PARK

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**SJX 4608BINSRS:
WSP: Green Forest
Tel : Automobile
Liability : Pte Ltd
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>SJX 4608B - CC4/AIG15013417/Aya3c2; 08/08/2015</u>	STAGE	DATE / PIC
	<u>NA/CTI21012358/r3; 06/12/2021</u>	Non-Reporting ltr (1st):	
	<u>NA/INC15018218/h4; 25/10/2015</u>	Non-Reporting ltr (2nd):	
	<u>SMA 2332U - NA/CTI21012358/r3 ; 06.12.2021</u>	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:
Repair Cost: <u>L/sum</u>	S\$ <u>2,800.00</u> (<u>5</u> days) Reduction: <u>64</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>12/10/2022</u>	Confirm with <u>Chris</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	S\$ <u>2,996.00</u>		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ <u>300.00</u> (\$ <u>60</u> x <u>5</u> days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$		1) Claim status: Normal/ Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>3,303.45</u>	Global Sum S\$: <u>3,300.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>3,300.00</u>	Name 1: <u>Green Forest Automobile Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	