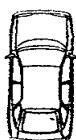


INS. CASE OWNER:

ASSIGNMENTSurveyor: ADRIANDOI: 07/03/2022Date / Time : 07/03/2022

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : SJG 63MClaim No. : S2M03UU5

Name of Insured : \_\_\_\_\_

Policy No. : P2469970

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$**D.O.A : 02.03.2022 16:50

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

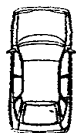
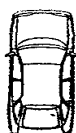
If NO, Driver Name / Age :

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

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No**GBL 3419UINSRS: **ACE**  
WSP: **AUTOLUTION**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                                        |                                                              |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------|
|                                                                                                                                                           | <b>GBL 3419U - X</b>                                   | <b>STAGE</b>                                                 | <b>DATE / PIC</b>                                                     |
|                                                                                                                                                           | <b>SJG 63M - NA/INC12014853/e1 ; 17.06.2012</b>        | Non-Reporting ltr (1st):                                     |                                                                       |
|                                                                                                                                                           |                                                        | Non-Reporting ltr (2nd):                                     |                                                                       |
|                                                                                                                                                           |                                                        | Non-Reporting ltr (Final):                                   |                                                                       |
|                                                                                                                                                           |                                                        | Notification ltr (if non-pickup):                            |                                                                       |
|                                                                                                                                                           | <b>REPAIR RANGE - \$4,500.00 - \$4,800.00 / 6 DAYS</b> | Call OI:                                                     |                                                                       |
|                                                                                                                                                           |                                                        | After call ltr to OI:                                        |                                                                       |
|                                                                                                                                                           |                                                        | <b>Documentation Check List:</b>                             | <b>Handler</b> <b>Typist</b>                                          |
|                                                                                                                                                           |                                                        | Notification ltr (if non-pickup)                             | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | After call ltr to OI:                                        | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Authorisation To Act:                                        | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Release Voucher:                                             | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Final Repair Bill:                                           | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Car Rental Invoice:                                          | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Towing Invoice                                               | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | LTA / GIA :                                                  | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Medical Bill:                                                | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | PIR:                                                         | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Mandate/Reject Instruction:                                  | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | LOD                                                          | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                                                                                                                           |                                                        | Payment Breakdown Form:                                      | <input type="checkbox"/> <input type="checkbox"/>                     |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                 | Date/Time: _____                                       | Sent By: _____                                               | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                           |                                                        |                                                              | Others: <input type="checkbox"/> <input type="checkbox"/>             |
| <b>FINALIZATION</b>                                                                                                                                       | Date/Time: _____                                       | Confirm with: _____                                          | Confirm by: _____                                                     |
| Repair Cost: S\$ _____                                                                                                                                    | ( _____ days) Reduction: _____ %                       | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | Date/Time: _____                                       | Confirm with _____                                           | Email <input type="checkbox"/> Call <input type="checkbox"/>          |
| Final Liability: % _____                                                                                                                                  | (Agreed / Assessed) BOLA S/N No. : _____               | If NO or B 28, Ass. Lia : _____                              |                                                                       |
| Repair Cost: S\$ _____                                                                                                                                    |                                                        |                                                              |                                                                       |
| Loss of Rental (LOR): S\$ _____                                                                                                                           | ( _____ days)                                          |                                                              |                                                                       |
| Loss of Use (LOU): S\$ _____                                                                                                                              | (\$ _____ x _____ days)                                |                                                              |                                                                       |
| Loss of Income (LOI): S\$ _____                                                                                                                           | (\$ _____ x _____ days)                                |                                                              |                                                                       |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <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: <b>PRI</b>                                 |                                                                       |
| Legal Cost S\$ _____                                                                                                                                      |                                                        | 3) Survey fee: <b>\$100.00</b>                               |                                                                       |
| <b>Total: S\$ _____</b>                                                                                                                                   | <b>Global Sum S\$: _____</b>                           |                                                              |                                                                       |
| <b>FINAL PAYMENT</b>                                                                                                                                      | 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: _____                                          |                                                              |                                                                       |