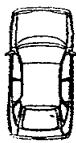


INS. CASE OWNER:

CC6/III22004004/Upa3

IDAC:

**ASSIGNMENT**Surveyor: **Marcus**DOI: **05/05/2022**Date / Time : **28/04/2022**Registered in Merimen: **28/04/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **YQ 135J**Claim No. : **MFL2022D0002220**

Name of Insured :

Policy No. : **D19MFL0005549\_02**

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

Make / Model :

**Excess Sec II :S\$**D.O.A : **27/04/2022 02:05**

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

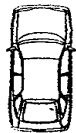
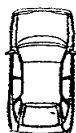
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****SJT 2507T**INSRS:  
WSP: **HOCK WAH  
MOTOR  
WORKSHOP**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                             | STAGE                                             | DATE / PIC                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|
|                                                                                                                                                                      | <b>SJT 2507T - X</b>                                        |                                                   |                                                                         |
|                                                                                                                                                                      | <b>YQ 135J - CS/FCI19014983/K1sf3n2 ; 09.06.2019</b>        | Non-Reporting ltr (1st):                          |                                                                         |
|                                                                                                                                                                      |                                                             | Non-Reporting ltr (2nd):                          |                                                                         |
|                                                                                                                                                                      |                                                             | Non-Reporting ltr (Final):                        |                                                                         |
|                                                                                                                                                                      |                                                             | Notification ltr (if non-pickup):                 |                                                                         |
|                                                                                                                                                                      |                                                             | 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"/>                                                |
|                                                                                                                                                                      |                                                             | After call ltr to OI:                             | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Authorisation To Act:                             | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Release Voucher:                                  | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Final Repair Bill:                                | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Car Rental Invoice:                               | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Towing Invoice                                    | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | LTA / GIA :                                       | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Medical Bill:                                     | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | PIR:                                              | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Mandate/Reject Instruction:                       | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | LOD                                               | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                             | Payment Breakdown Form:                           | <input type="checkbox"/>                                                |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                  | Sent By:                                          | Post-Repair Photos: <input type="checkbox"/>                            |
|                                                                                                                                                                      |                                                             |                                                   | Others: <input type="checkbox"/>                                        |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                  | Confirm with:                                     | Confirm by:                                                             |
| Repair Cost: <b>P/P</b>                                                                                                                                              | S\$ <b>1,330.00</b> ( <b>3</b> days) Reduction: <b>41</b> % |                                                   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>16/06/2022</b> Confirm with <b>Anysia</b>     | Email <input checked="" type="checkbox"/>         | Call <input type="checkbox"/>                                           |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>  | If NO or B 28, Ass. Lia :                         |                                                                         |
| Repair Cost: <b>w/GST</b>                                                                                                                                            | S\$ <b>1,423.10</b>                                         |                                                   |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>300.00</b> ( <b>3</b> days) <b>x \$100</b>           |                                                   |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                             |                                                   |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                             |                                                   |                                                                         |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                                   |                                                                         |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>7.45</b>                                             |                                                   |                                                                         |
| Medical:                                                                                                                                                             | S\$                                                         | 1) Claim status: Normal/Reject/Private Settlement |                                                                         |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                | 2) Report Format: <b>TP</b>                       |                                                                         |
| Legal Cost                                                                                                                                                           | S\$                                                         | 3) Survey fee: <b>\$350.00</b>                    |                                                                         |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 1,730.55</b>                                         | <b>Global Sum S\$:</b>                            |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                  | Confirm with:                                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ <b>1,730.55</b>                                         | Name 1:                                           | <b>Hock Wah Motor Workshop Pte Ltd</b>                                  |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                                           |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                                           |                                                                         |