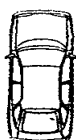


ASSIGNMENTSurveyor: AdrianDOI: 30/05/2022Date / Time : 24/05/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SKA 7787GClaim No. : S2M041YMName of Insured : BELL MICHAEL JOHNPolicy No. : GA570299

Insured Tel No. : _____ HP: _____

Make / Model : Subaru Forester 2.5 TurboExcess Sec II : \$ _____ D.O.A : 21/05/2022 10:50Place of Accident : Thomson Lane at Thomson Junction

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

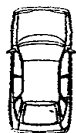
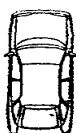
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SMS1602CINSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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Tel :
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RMKS:

Date/ Time																																																
	<u>SMS 1602C - CC6/AIG22003847/Aea3 ; 21.04.2022</u>	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> </tr> <tr> <td>Notification ltr (if non-pickup)</td> <td>☐</td> </tr> <tr> <td>After call ltr to OI:</td> <td>☐</td> </tr> <tr> <td>Authorisation To Act:</td> <td>☐</td> </tr> <tr> <td>Release Voucher:</td> <td>☐</td> </tr> <tr> <td>Final Repair Bill:</td> <td>☐</td> </tr> <tr> <td>Car Rental Invoice:</td> <td>☐</td> </tr> <tr> <td>Towing Invoice</td> <td>☐</td> </tr> <tr> <td>LTA / GIA :</td> <td>☐</td> </tr> <tr> <td>Medical Bill:</td> <td>☐</td> </tr> <tr> <td>PIR:</td> <td>☐</td> </tr> <tr> <td>Mandate/Reject Instruction:</td> <td>☐</td> </tr> <tr> <td>LOD</td> <td>☐</td> </tr> <tr> <td>Payment Breakdown Form:</td> <td>☐</td> </tr> <tr> <td>Post-Repair Photos:</td> <td>☐</td> </tr> <tr> <td>Others:</td> <td>☐</td> </tr> </tbody> </table>	STAGE	DATE / PIC	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	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:	☐	Post-Repair Photos:	☐	Others:	☐
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PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____																																														
FINALIZATION	Date/Time: _____	Confirm with: _____																																														
Repair Cost: <u>L/SUM</u>	S\$ <u>1,800.00</u> (<u>3</u> days) Reduction: <u>88</u> %	Email ☐ Call ☐																																														
FINAL SETTLEMENT	Date/Time <u>08/12/2022</u> Confirm with <u>Sukyi</u>	Email ☒ Call ☐																																														
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :																																														
Repair Cost: <u>w/GST</u>	S\$ <u>1,926.00</u>																																															
Loss of Rental (LOR):	S\$ _____ (_____ days)																																															
Loss of Use (LOU):	S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</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>2.00</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>2,078.00</u>	Global Sum S\$: <u>2,070.00</u>																																														
FINAL PAYMENT	Date/Time: _____	Confirm with: _____																																														
Payee 1:	S\$ <u>2,070.00</u>	Name 1: <u>SM AUTOMOTIVE</u>																																														
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____																																														
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____																																														