

INS. CASE OWNER:

ASSIGNMENT

Surveyor: Adrian DOI: 01/06/2022 Date / Time : 30.05.2022
 Registered in Merimen: 30.05.2022

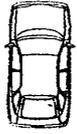
Pre-assign / CCU / FTE



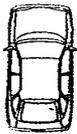
Insured Vehicle No. : SJP 4089R Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 26.05.2022 07:05 Place of Accident : ALONG ANG MO KIO AVE 1 & ANG MO KIO ST 22 T JUNCTION
 Is driver the owner? (YES / 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**

SND 3111G



INSRS: _____
 WSP: **XIN HUA WORKSHOP PTE LTD**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	SND 3111G - X	SJP 4089R - X	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 Typist	
			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"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:	
Repair Cost: Part by Part S\$ 4,043.40 (3 days) Reduction: 75 %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 22/02/2023 Confirm with Kerry			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :	
Repair Cost: with GST S\$ 4,326.44				
Loss of Rental (LOR): S\$ 300.00 (3 days) @\$100				
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\$ 7.45				
Medical: S\$			1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost S\$			3) Survey fee: \$600	
Total: S\$ 4,633.89 Global Sum S\$:				
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 4,633.89	Name 1:	XIN HUA WORKSHOP PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			