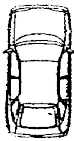


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **20/07/2022**Registered in Merimen: **20/07/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJS 3060M**

Claim No. : _____

Name of Insured : **SHAHEERAH BINTE MOHD SALIM**Policy No. : **SP2000784061-01**

Insured Tel No. : _____ HP: _____

Make / Model : **Hyundai I30****Excess Sec II :S\$** _____ D.O.A : **17/07/2022 11:30**Place of Accident : **BLK 156 YISHUN ST. 11 (OSCP CARPARK LOT 219)**

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

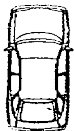
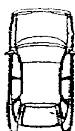
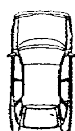
If **NO**, Driver Name / Age : **JASWIN SINGH S/O SUKHMANDAR SINGH**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SLT 2947H**INSRS: **XIN HUA WORKSHOP PTE LTD**
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJS 3060M - X	SLT 2947H - 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
			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:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost: L/SUM	S\$ 6,400.00 (5 days) Reduction: 78 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 23/03/2023 Confirm with Kerry	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :		
Repair Cost: 7% GST	S\$ 6,848.00			
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ 420.00 (\$ 60 x 7 days)			
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 38.45			
Medical:	S\$	1) Claim status: Normal/Reject/Private Settlement		
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$	3) Survey fee: \$350.00		
Total:	S\$ 7,306.45	Global Sum S\$: 7,300.00		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 7,300.00	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:		