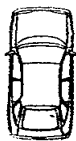


ASSIGNMENTSurveyor: **ADRIAN**DOI: **14/09/2022**Date / Time : **14/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBJ 9863R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **13/09/2022 13:45**Place of Accident : **Foch Rd, Singapore**

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

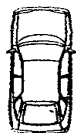
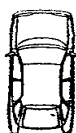
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMC 2707L**INSRS:
WSP: **XIN HUA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SMC 2707L	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	SMC 2707L	GBJ 9863R 13/09/2022 RBW
GBJ 9863R	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	GBJ 9863R	13/09/2022 RBW
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)		☐	☐
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\$ 6,800.00 (5 days) Reduction: 67 %	Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: 06/07/2023 Confirm with Kerry Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 33	If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST	S\$ 7,344.00		
Loss of Rental (LOR):	S\$ 600.00 (6 days) X \$100		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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: \$400.00	
Total:	S\$ 7,951.45	Global Sum S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1:	S\$ 7,951.45	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:	