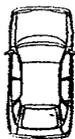


INS. CASE OWNER:

ASSIGNMENTSurveyor: _____ DOI: _____ Date / Time : 27.09.2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YN 1141AClaim No. : 22/22/22/VC05/026327Name of Insured : Lintech Engineering Pte LtdPolicy No. : Z22VC05012037

Insured Tel No. : _____ HP: _____

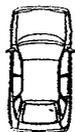
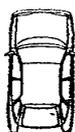
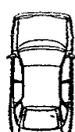
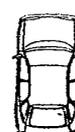
Make / Model : Nissan Mkb37Excess Sec II :S\$ _____ D.O.A : 23/09/2022 09:00Place of Accident : Joo Koon Way, Singapore

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

If NO, Driver Name / Age : Abdul Kadir bin Abdullah

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****GBJ 3007K**INSRS:
WSP: Think One
Tel : Autocare Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBJ 3007K - X	YN 1141A - 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"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:	
Repair Cost: P/P S\$ <u>1,200.00</u> (<u>4</u> days) Reduction: <u>84</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>04/01/23</u> Confirm with <u>Micheal</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>			If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ <u>1,284.00</u>				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ <u>400.00</u> (\$ <u>100</u> x <u>4</u> days)				
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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>\$400.00</u>	
Total: S\$ <u>1,686.00</u>		Global Sum S\$: <u>1,680.00</u>		
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>1,680.00</u>	Name 1:	<u>THINK ONE AUTOCARE PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2:			
Payee 3: (Strike if N.A.) S\$ _____	Name 3:			