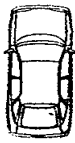


INS. CASE OWNER:

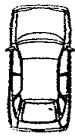
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **14.02.2023**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **XE 7999L** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **13.01.2023 13:30** Place of Accident : **59P Tuas South Ave 1, Singapore 637415**
 Is driver the owner? (YES / NO) Nature of Accident : **Parked in front of customer's gate.**

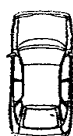
If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBJ 7335L

INSRS:
WSP: **Mega Auto**
Tel : **Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
GBJ 7335L -X				
XE7999L - Reference	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.
CS/MSG18015956/Krd3n2	26/11/2018	SKU 2664E	XE 7999L	29/08/2018
CS/MSG19011067/Esd3e2	02/08/2019	SHB 1925U	XE 7999L	18/06/2019
			Non Reporting ltr (if non-pickup):	Created By
			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: P/P	S\$ 1,828.00	(3 days) Reduction: 62 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 20/07/2023	Confirm with Sarah	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST	S\$ 1,974.24			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 270.00 (\$ 90 x 3 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 26.75			
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\$ 2,270.99	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 2,270.99	Name 1:	Federal Express (S) Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		