

ASSIGNMENT

Surveyor:

ADRIAN

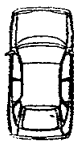
DOI:

18/04/2023

Date / Time :

18/04/2023

Registered in Merimen:

**Pre-assign / CCU / FTE**

Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : \_\_\_\_\_

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

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

Insured Liability : % **Final ? Yes / No****SJW 1641D**INSRS:  
WSP: **J-MART**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|--------------------------|--|--------------------------|--|----------------------------|--|-----------------------------------|--|----------|--|-----------------------|--|----------------------------------|----------------|--|---------------|----------------------------------|--------------------------|-----------------------|--------------------------|-----------------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|---------------------|--------------------------|----------------|--------------------------|-------------|--------------------------|---------------|--------------------------|------|--------------------------|-----------------------------|--------------------------|-----|--------------------------|-------------------------|--------------------------|---------------------|--------------------------|---------|--------------------------|
|                                                                                                                                                           | <b>SJW 1641D - X</b>                 | <table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td><b>Documentation Check List:</b></td> <td><b>Handler</b></td> </tr> <tr> <td></td> <td><b>Typist</b></td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td></tr> </tbody> </table> | 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: |  | <b>Documentation Check List:</b> | <b>Handler</b> |  | <b>Typist</b> | 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"/> | Post-Repair Photos: | <input type="checkbox"/> | Others: | <input type="checkbox"/> |
| 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:                                                                                                                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| <b>Documentation Check List:</b>                                                                                                                          | <b>Handler</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
|                                                                                                                                                           | <b>Typist</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| 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"/>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Post-Repair Photos:                                                                                                                                       | <input type="checkbox"/>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Others:                                                                                                                                                   | <input type="checkbox"/>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                 | Date/Time:                           | Sent By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| <b>FINALIZATION</b>                                                                                                                                       | Date/Time:                           | Confirm with:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Repair Cost:                                                                                                                                              | S\$ ( days) Reduction:               | % Email <input type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | Date/Time:                           | Confirm with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Final Liability:                                                                                                                                          | % (Agreed / Assessed) BOLA S/N No. : | Email <input type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Repair Cost:                                                                                                                                              | S\$                                  | If NO or B 28, Ass. Lia :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Loss of Rental (LOR):                                                                                                                                     | S\$ ( days)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Loss of Use (LOU):                                                                                                                                        | S\$ (\$ x days)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Loss of Income (LOI):                                                                                                                                     | S\$ (\$ x days)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| GIA/LTA Search                                                                                                                                            | S\$                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Medical:                                                                                                                                                  | S\$                                  | 1) Claim status: Normal/Reject/Private Settle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Disbursement:                                                                                                                                             | S\$ (e.g. Tow/ Independent )         | 2) Report Format:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Legal Cost                                                                                                                                                | S\$                                  | 3) Survey fee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| <b>Total:</b>                                                                                                                                             | <b>S\$</b>                           | <b>Global Sum S\$:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                      | Date/Time:                           | Confirm with:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Payee 1:                                                                                                                                                  | S\$                                  | Name 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                 | S\$                                  | Name 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                 | S\$                                  | Name 3:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |            |                          |  |                          |  |                            |  |                                   |  |          |  |                       |  |                                  |                |  |               |                                  |                          |                       |                          |                       |                          |                  |                          |                    |                          |                     |                          |                |                          |             |                          |               |                          |      |                          |                             |                          |     |                          |                         |                          |                     |                          |         |                          |