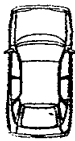


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **GBG 7718G** 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 : \_\_\_\_\_

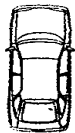
If NO, Driver Name / Age :

Driver Tel No. :

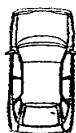
(V/L: YES / NO )

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

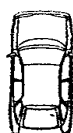
Insured Liability : % **Final ? Yes / No**



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		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 Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____	Sent By: _____	
<b>FINALIZATION</b>	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <b>L/SUM</b>	S\$ <b>9,000.00</b>	( <b>10</b> days) Reduction: <b>73</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>17/12/2025</b>	Confirm with <b>Yap June</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>100(ASS:100%)</b>	(Agreed / Assessed) BOLA S/N No. : <b>28</b>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <b>9,000.00</b>		
Loss of Rental (LOR):	S\$ <b>959.20</b>	( <b>11</b> days) <b>X \$80.00 + 9% GST</b>	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" 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/ <del>Reject/Private Settle</del>
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost	S\$		3) Survey fee: <b>\$370.00</b>
<b>Total:</b>	S\$ <b>9,959.20</b>	<b>Global Sum S\$: 9,950.00</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____	Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>9,950.00</b>	Name 1: <b>MS CAR AUTO PTE LTD</b>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	