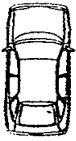


ASSIGNMENTSurveyor: **XGQ**DOI: **30/05/2018**Date / Time : **29/05/2018**Registered in Merimen: **29/05/2018****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLU 7729H**Claim No. : **7613704010SG**Name of Insured : **Lim Sze Kian (Lin Sijian)**Policy No. : **1700088478**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22/05/2018**

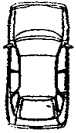
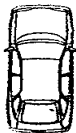
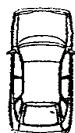
Place of Accident : _____

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

If **NO**, Driver Name / Age :

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

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

Insured Liability : % **Final ? Yes / No****FBA 7368P**INSRS:
WSP: **EVOLUTION**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	FBA 7368P - X	STAGE	DATE / PIC
	SLU 7729H - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: S\$	(3 days) Reduction: %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: _____	Confirm with _____	Email ☐ Call ☐
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: S\$			
Loss of Rental (LOR): S\$	(_____ days)		
Loss of Use (LOU): S\$	(\$ _____ x _____ days)		
Loss of Income (LOI): S\$	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle DAR	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: 180.00	
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	