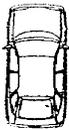


**ASSIGNMENT**

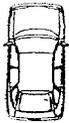
Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

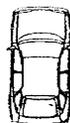


Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : \$\$** \_\_\_\_\_ D.O.A : \_\_\_\_\_ Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

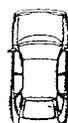
If **NO**, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**



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: 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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S S\$ 800.00 ( 3 days) Reduction: 3942.50 % 83		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: 14/07/2020	Confirm with MS PHANG	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ 856.00			
Loss of Rental (LOR): S\$ ( days)			
Loss of Use (LOU): S\$ 240.00 (\$ 60.00x 4 days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 29.00			
Medical: S\$		1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent )		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
<b>Total:</b> S\$ 1125.00	<b>Global Sum S\$:</b> 1100.00		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 1100.00	Name 1: YEE AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		