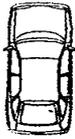
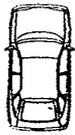
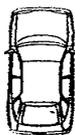
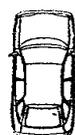
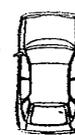


ASSIGNMENTSurveyor: ADRIANDOI: 14/04/2020Date / Time : 14/04/2020Registered in Merimen: 15/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SFY 5066AClaim No. : 1824724972SGName of Insured : MOHD RAZALI BIN JAFFARPolicy No. : 2100414722Insured Tel No. : _____ HP: 97869300Make / Model : PROTON EXORAExcess Sec II : S\$ _____ D.O.A : 07/04/2020Place of Accident : NEW UPPER CHANGI ROADIs driver the owner? (YES / NO) Nature of Accident : _____If NO, Driver Name / Age : JUNDAIDAH BINTE ABDULLAHOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : 96245414 (V/L: YES / NO)Insured Liability : _____ % **Final ? Yes / No**SLK 9361Z→ SFY 5066A →SFS 8868P →INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: **SUCCESS**
Tel : **UNITED**
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SFS 8868P - X	SFY 5066A - X	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:	
			Documentation Check List: Handler Typist	
			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"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ 1449.41	(2 days) Reduction: 2136.04	% 59	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 28/12/2020	Confirm with SIRINA	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%	
Repair Cost:	S\$ 1550.87	W/GST		
Loss of Rental (LOR):	S\$	(days)	C.C (OI 2ND)	
Loss of Use (LOU):	S\$ 150.00	(\$ 50 x 3 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\$ 2.00			
Medical:	S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320.00	
Total:	S\$ 1702.87	Global Sum S\$: 1700.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1700.00	Name 1: SUCCESS UNITED PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		