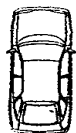


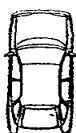
ASSIGNMENTSurveyor: MARCUSDOI: 21/04/2020Date / Time : 02/04/2020Registered in Merimen: 20/04/2020**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMA 1896R
 Name of Insured : HOW TOH THIAM HENG
 Insured Tel No. : _____ HP: 97521352
Excess Sec II :S\$ _____ D.O.A : 19/03/2020

Claim No. : _____
 Policy No. : _____
 Make / Model : HONDA FIT 1.3 GF CVT
 Place of Accident : KAKI BUKIT ROAD 3

Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : HO SU CHUNBGDriver Tel No. : 93894851 (V/L ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No**FBL 5366A

INSRS: _____
 WSP: YEW TEE
 Tel : AUTOMOBILE
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time			
	FBL 5366A - NA/III20004318/z4 19/03/2020	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
	SMA 1896R - NA/III20004318/z4 19/03/2020	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\$ _____	(_____ 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	
Disbursement: S\$ _____	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost S\$ _____		3) Survey fee:	
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: _____		