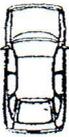


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **24/04/2020**
Registered in Merimen: _____

Pre-assign / CCU / FTE

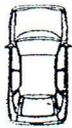


Insured Vehicle No. : **SCQ 4178U**
Name of Insured : **YU PO YEE**
Insured Tel No. : _____ HP: **+65-97891741**
Excess Sec II :\$ _____ D.O.A : **21/04/2020 18:20**
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **S0M02MY1**
Policy No. : **P2180850**
Make / Model : **TOYOTA HARRIER-2.0 ELEGANCE (A)**
Place of Accident : **B984 HDB CARPARK BUANGKOK LINK**

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**

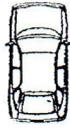
SJA 3915S



INSRS:
WSP: **T & T**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJA 3915S - NA/INC20003103/z4; 22.02.2020	Non-Reporting ltr (1st):	
NA/MSG14003170/d2; 13.02.2014	Non-Reporting ltr (2nd):	
CC3/MSG14003214/Agbu2 13.02.2014	Non-Reporting ltr (Final):	
SCQ 4178U - X	Notification ltr (if non-pickup):	
01-7-20 CANCEL NO SURVEY DONE.	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: \$ _____ (_____ days) Reduction: _____ %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: \$ _____		
Loss of Rental (LOR): \$ _____ (_____ days)		
Loss of Use (LOU): \$ _____ (\$ x _____ days)		
Loss of Income (LOI): \$ _____ (\$ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$ _____		
Medical: \$ _____		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$ _____ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost \$ _____		3) Survey fee:
Total: \$ _____ Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$ _____ Name 3: _____		