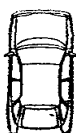


ASSIGNMENTSurveyor: **MARCUS**DOI: **13/05/2020**Date / Time : **13/05/2020**Registered in Merimen: **13/05/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLV 9080B**Claim No. : **8728147777SG**Name of Insured : **ONG BEE POK**Policy No. : **1800005556**

Insured Tel No. : _____ HP: _____

Make / Model : **KIA CERATO K3-1.6 (A)****Excess Sec II :S\$** _____ D.O.A : **12/04/2020**Place of Accident : **CROSS JUNCTION OF UPP BT
TIMAH RD/CHOA CHU KANG RD**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **ELTON CHING XIANG WEI**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **83839892** (V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****FBN 3609C**INSRS:
WSP: **EROFIA MOTOR**
Tel : **TRADING**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBN 3609C - X SLV 9080B - 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)	☐ ☐
			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:	☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
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:		