

ASSIGNMENTSurveyor: KENNETHDOI: 12/05/2020Date / Time : 13/05/2020Registered in Merimen: 13/05/2020**Pre-assign / CCU / FTE**

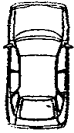
Insured Vehicle No. : GBF 4691Z
 Name of Insured : SHAW THEATRES PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 11/05/2020

Claim No. : 8327964818SG
 Policy No. : 2100489040
 Make / Model : NISSAN NV200-1.5 (M)
 Place of Accident : TPE SLIP RD TOWARDS LOYANG AVENUE

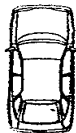
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If **NO**, Driver Name / Age : MUHAMMAD FATHURRAZI BIN ADNAN
 Driver Tel No. : 90230449 (V/L: ☒ YES / NO)

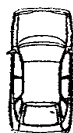
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO
 Insured Liability : % **Final ? Yes / No**

SHF 564M

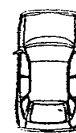
INSRS:
WSP: **TRANS CAB**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHF 564M - 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: