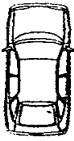


ASSIGNMENTSurveyor: **ADRIAN**

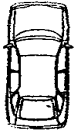
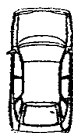
DOI: 15/05/2020

Date / Time : 14/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJB 9406A**Claim No. : **S0M02NT9**Name of Insured : **DINESH KUMAR S/O PACHAIMUTHU YANASAKARAN**Policy No. : **GA499191**

Insured Tel No. : _____ HP: _____

Make / Model : **SUZUKI SWIFT-1.5 (A)****Excess Sec II :S\$** _____ D.O.A : **10/05/2020 10:45**Place of Accident : **SUMANG WALK & SUMANG LINK JUNC**Is driver the owner? (☒ YES / NO) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SJR 3651M**INSRS:
WSP: **CARWAY**
Tel : **ENTERPRISE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SJR 3651M - NA/INC20005649/h4 10/05/2020	STAGE	DATE / PIC		
	SJB 9406A - NA/INC20005649/h4 10/05/2020	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:		☐	
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:			