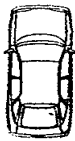
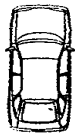
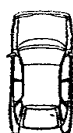


ASSIGNMENTSurveyor: **MARCUS**DOI: **26/05/2020**Date / Time : **26/05/2020**Registered in Merimen: **26/05/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLV 3207T**Claim No. : **1314316708SG**Name of Insured : **BIS MOTORING PTE LTD**Policy No. : **0999994322**

Insured Tel No. : _____ HP: _____

Make / Model : **KIA CARENS-1.7 (A)****Excess Sec II :S\$** _____ D.O.A : **18/09/2019**Place of Accident : **BRADDELL ROAD**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **YAP NGEE FATT**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **81820565**(V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****FBN 4928A**INSRS:
WSP: **TAN LIM**
Tel : **MOTOR**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	FBN 4928A - X	STAGE	DATE / PIC
	SLV 3207T - NA/AIG19001438/r3 ; 22/01/2019	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
23/06/2020	WKSHP INFORM MARCUS THAT THEY WILL PASS LAWYER TO HANDLE AS LIABILITY IS DOWN. SUBMIT WP	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: P/P S\$ 1915.50 (3 days) Reduction: 1380.00 % 41		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: S\$			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ 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 S\$			
Medical: S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: WP	
Legal Cost S\$		3) Survey fee: \$250	
Total: S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$	Name 1: _____		
Payee 2: (Strike if N.A.) S\$	Name 2: _____		
Payee 3: (Strike if N.A.) S\$	Name 3: _____		