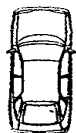


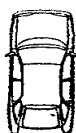
ASSIGNMENTSurveyor: **KENNETH**DOI: **26/05/2020**Date / Time : **26/05/2020**Registered in Merimen: **26/05/2020****Pre-assign / CCU / FTE**

Insured Vehicle No. : **SLJ 6832G**
 Name of Insured : **KO THONG POO**
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **21/05/2020**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : **7441891701SG**
 Policy No. : **2100494440**
 Make / Model : **SUBARU NEW FORESTER**
 Place of Accident : **BLK 554 ANG MO KIO AVENUE 10 CARPARK**

If **NO**, Driver Name / Age : **SOO EE LING (SU YINING)**Driver Tel No. : **90012722**(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NOInsured Liability : % **Final ? Yes / No****SCW 2009G**

INSRS:
WSP: **CITY AUTO**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SCW 2009G - NA/AIG20005890/Y ; 21/05/2020	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
	SLJ 6832G - NA/AIG20005890/Y ; 21/05/2020	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:	