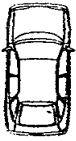
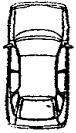
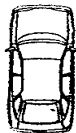
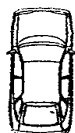
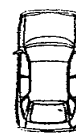


ASSIGNMENTSurveyor: **STEVE**DOI: **03/06/2020**Date / Time : **03/06/2020**Registered in Merimen: **03/06/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLP 9140T**Claim No. : **3105385534SG**Name of Insured : **YEO LIAN CHOO**Policy No. : **2100510231**Insured Tel No. : _____ HP: **98305654**Make / Model : **MAZDA 3-1.5 L (A)****Excess Sec II :S\$** _____ D.O.A : **22/05/2020**Place of Accident : **INTERSECTION BETWEEN
ST PATRICKS RD & EAST COAST**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****SKP 40U**INSRS:
WSP: **AUBURN AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKP 40U - CS/INC19013085/Etd3e2 ; 18/07/2019	STAGE	DATE / PIC
	NA/INC20005904/Y ; 22/05/202	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SLP 9140T - NA/INC20005904/Y ; 22/05/2020	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: _____		