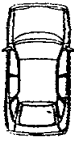
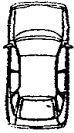
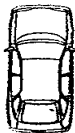
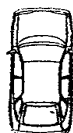


ASSIGNMENTSurveyor: TAUFIKHDOI: 05/06/2020Date / Time : 05/06/2020Registered in Merimen: 05/06/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLV1019HClaim No. : 0589665270SGName of Insured : SEAH CHEE GUANPolicy No. : 1700090785Insured Tel No. : _____ HP: +65-84814218Make / Model : TOYOTA HARRIER ELEGANCE 2.0 CVT**Excess Sec II :S\$** _____ D.O.A : 03/06/2020 11:25Place of Accident : BUKIT BATOK EAST AVE 3 BLK 277
CAR PARKIs 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**SLJ2595S →INSRS:
WSP: **ADVANT AUTO**
Tel : **GARAGE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLV 1019H	CS/AIG20006154/T1vf3 XX ; 03.06.2020	STAGE DATE / PIC
	SLJ 2595S	- NA/FWD20004003/Y ; 13.03.2020	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: _____			