

ASSIGNMENT

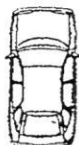
Surveyor: RASUL

DOI: 10/06/2020

Date / Time : 10/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 9220H

Claim No. : _____

Name of Insured : NPE PRINT COMMUNICATIONS PTE LTD

Policy No. : _____

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A:09/06/2020

Place of Accident :

Is driver the owner? (YES / **NO**) Nature of Accident :

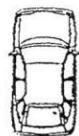
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

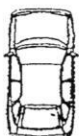
Driver Tel No. : (V/L: **YES** / NO)

| Insured Liability : | % | Final ? Yes / No |
|---------------------|---|------------------|
| | | |

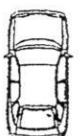
SKD 8870B



INRS:
WSP: Hitachi Capital
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| | | | | |
|---|---|-------------------|--|---|
| Date/ Time | SKD 8870B : X GBC 9220H : NA/LPC20006373/h4 ; DOA : 09/06/2020 | | STAGE | DATE / PIC |
| | | | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: | |
| Repair Cost: | S\$ (days) | Reduction: % | 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: | |
| Legal Cost | S\$ | | 3) Survey fee: | |
| 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: | | |