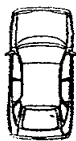


ASSIGNMENTSurveyor: MARCUSDOI: 22/06/2020Date / Time : 22/06/2020Registered in Merimen: 22/06/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 4594K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 21/06/2020

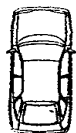
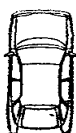
Place of Accident : _____

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****SML 2659U**INSRS:
WSP: **CHOO MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SHD 4594K - CC3/AIG13007071/H1ea3w2 ; 13/04/2013	STAGE	DATE / PIC		
	CC6/III16020512/Abp3q2 ; 20/10/2016	Non-Reporting ltr (1st):			
	CS/AWA15008174/H1qy3d1 ; 15/05/2015	Non-Reporting ltr (2nd):			
	NA/MSG16007136/k4 ; 23/01/2016	Non-Reporting ltr (Final):			
	NS/INC13024496/Ycbcb3 ; 26/12/2013	Notification ltr (if non-pickup):			
	NS/INC18019153/K1rbn2 ; 20/10/2018	Call OI:			
	SML 2659U - X	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:		☐	
		Post-Repair Photos:	☐	☐	
		Others:	☐	☐	
PRELIMINARY ADVICE	Date/Time:	Sent By:			
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: L/sum	S\$ 5,100.00 (5 days) Reduction: 64 %		Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: 31/08/2020 Confirm with Jenny		Email ☒	Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 5,100.00				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ 360.00 (\$ 60 x 6 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: TP		
Legal Cost	S\$		3) Survey fee: \$500.00		
Total:	S\$ 5,460.00	Global Sum S\$: 5,400.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐	
Payee 1:	S\$ 5,400.00	Name 1:	Choo Motor Spray Painter		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			