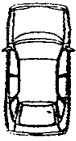
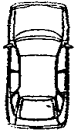


ASSIGNMENTSurveyor: KENNETHDOI: 01.07.2020Date / Time : 01.07.2020Registered in Merimen: 01.07.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SGU 3177KClaim No. : 7761213007SGName of Insured : MARK WING KEONGPolicy No. : 2100452775

Insured Tel No. : _____ HP: _____

Make / Model : SUBARU XV 1.6Excess Sec II :S\$ _____ D.O.A : 29/06/2020 19:45Place of Accident : 21 LORONG KILAT, SINGAPORE 598123Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : AYLA MARK SHUFENOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : +65-90600510 (V/L: ☒ YES / NO)Insured Liability : % **Final ? Yes / No****SME 8001P**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SME 8001P - X		SGU 3177K - X		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)	☐ ☐
					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:	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\$					
Disbursement:	S\$	(e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$				2) Report Format:	
					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:				