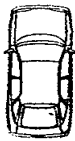


ASSIGNMENT

Surveyor: OI SUN PIN DOI: 09/07/2020 Date / Time : 09/07/2020
Registered in Merimen:

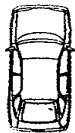
Pre-assign / CCU / FTE

Insured Vehicle No. : <u>SJN 7337R</u> Name of Insured : _____ Insured Tel No. : _____ HP: _____ Excess Sec II :S\$	Claim No. : _____ Policy No. : _____ Make / Model : _____ Place of Accident : _____
D.O.A : 08/07/2020	

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

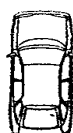
SHB 1722M → → → →



INRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHB 1722M - NA/INC12021610/m2 ; 07/11/2012 NS/INC12021719/R1b2n ; 07/11/2012		STAGE DATE / PIC	
	SJN 7337R - X		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
13/08/2020	OI STRONGLY DISPUTE IN REPAIR COST AND INFORM THAT HE WILL EMAIL IN TO EQI THAT HE WILL HANDLE THE CLAIM HIMSELF. SUBMIT WP, ADMIN TO CLOSE		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: L/S	S\$ 1150.00 (2 days)	Reduction: 7013.98 % 86	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	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: WP	
Legal Cost	S\$		3) Survey fee: \$160.00	
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:		