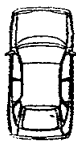


ASSIGNMENT

Surveyor:

TAUFIKHDOI: **21/07/2020**Date / Time : **21/07/2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **CB 6951U**

Claim No. :

Name of Insured : **AIK SHEN BUS SERVICE**Policy No. : **DMB1SNW00004472005**

Insured Tel No. : _____ HP: _____

Make / Model : **ISUZU LT134P****Excess Sec II :S\$** _____ D.O.A : **21/07/2020 06:45**Place of Accident : **WOODLANDS IND PARK D ST 2
TWRDS BAXTER HEALTHCARE**

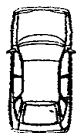
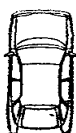
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **ZHOU JUN**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SHD 7268H**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	CB 6951U -	CC3/CTI18014512/K1ja3q2 ; 06/08/2018	STAGE	DATE / PIC	
		CS/CTI20002907/Bvf3e2 ; 10/02/2020	Non-Reporting ltr (1st):		
		NBA/CTI18018553/Y ; 11/10/2018	Non-Reporting ltr (2nd):		
		NBA/CTI20003641/Y ; 10/02/2020	Non-Reporting ltr (Final):		
	SHD 7268H	NBA/CTI20007521/Y ; 21/07/2020	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:			