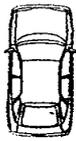


ASSIGNMENT

Surveyor: OI SUN PIN DOI: 19/08/2020 Date / Time : 19/08/2020
Registered in Merimen: —

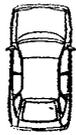
Pre-assign / CCU / FTE

Insured Vehicle No. : XE 9997D Claim No. : 19/20/20/VC00/023554
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 14/08/2020 09:05 Place of Accident : SEMBAWANG ROAD AFTER BS:57121
Is driver the owner? (YES / NO) Nature of Accident : (OPP BLK 115B)

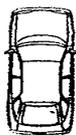
If NO, Driver Name / Age :

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

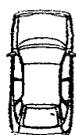
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SG 5812D**

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SG 5812D - X XE 9997D - CS/MSG17019953/Agbs2 ; 09/10/2017	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
24/09/2021	TP ESCALATE MATTER TO GIA AS NOT AGREEABLE ON THE LIABILITY. SUBMIT WP. ADMIN TO CLOSE	Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S S\$ \$4,300.00 (5 days) Reduction: \$885.60 % 17		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: S\$			
Loss of Rental (LOR): S\$ (_____ days)		LPC INSTRUCTION	
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: WP	
Legal Cost S\$		3) Survey fee: \$250.00	
Total: S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" 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:		