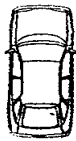


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGW 3161U** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **13/10/2015** Place of Accident : _____

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

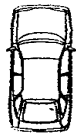
If **NO**, Driver Name / Age :

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

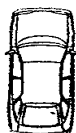
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SGN 8073E →



INSRS:
WSP: **SUPREME**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: MCF		
Repair Cost: L/S S\$ 3,200.00 (6 days) Reduction: 38 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29.09.20 Confirm with CHEW KEONG	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 3,200.00		OI REAR ENDED TP	
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ 480.00 (\$ 60 x 8 days)			
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 2.00			
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: \$320 - \$250 = \$70	
Total: S\$ 3,682.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 29.09.20 Confirm with: CHEW KEONG	Email ☐ Call ☐	
Payee 1: S\$ 3,682.00	Name 1: SUPREME AUTO SERVICE PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		