

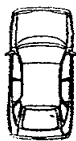
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **06/10/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SBN 6888T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22/09/2020 17:15**Place of Accident : **YIO CHU KANG ROAD (PASSED LAMP POST NO. 293)**

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

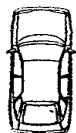
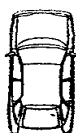
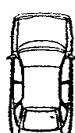
If **NO**, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMP 2661R**INSRS:
WSP: **INDECO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|--|--|---|
| | SMP 2661R - X | Non-Reporting ltr (1st): | |
| | SBN 6888T - CS3/AXA12022016/Zf3 ; 08/11/2012 | 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"/> <input type="checkbox"/> |
| | | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| 04/03/2021 | SUBMIT WP REPORT TO EQ | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION | Date/Time: _____ Confirm with: _____ Confirm by: _____ | | |
| Repair Cost: P/P | S\$ 3,036.60 (4 days) Reduction: 44.97 % | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: _____ Confirm with: _____ | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| 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 <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 WP | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | 2) Report Format: | |
| Legal Cost | S\$ | 3) Survey fee: | \$160.00 |
| Total: | S\$ | Global Sum S\$: | |
| FINAL PAYMENT | Date/Time: _____ Confirm with: _____ | Email <input 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: | |