

ASSIGNMENTSurveyor: **OI SUN PIN**DOI: **21.12.2020**Date / Time : **21.12.2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBK 5080D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

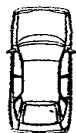
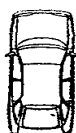
Excess Sec II : S\$ _____ D.O.A : **11/12/2020 11:50**Place of Accident : **Geylang Road (BS: 81029 - Aft Lor 28 Geylang)**

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****SMB 1472A**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
	SMB 1472A - NS/INC18008169/Sqbn2 ; 29.03.2017		
	GBK 5080D - X		
		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: OSP	
Repair Cost: P/P S\$ 1,099.00	(2 days) Reduction: 28 %	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: TP/WP	
Legal Cost S\$		3) Survey fee: \$350	
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: _____		

***** CTI REPUDIATED TP CLAIM DUE TO NON REPORTING**