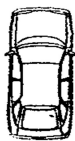


ASSIGNMENTSurveyor: **ADRIAN**DOI: **28/12/2020**Date / Time : **28/12/2020**Registered in Merimen: **04/01/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMP 9223B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **17/12/2020 17:15**

Place of Accident : _____

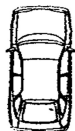
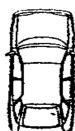
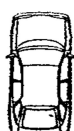
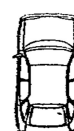
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SLC 4177P**INSRS:
WSP: **NEW ZEN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLC 4177P -		STAGE
	SMP 9223A -	NA/CTI20014122/r3 ; 17.12.2020	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:
			Post-Repair Photos:
			Others:
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S\$ 900.00	(2 days) Reduction: 81%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.08.21	Confirm with CHRIS	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 963.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ -	(days)	
Loss of Use (LOU):	S\$ 120.00	(\$ 60 x 2 days)	
Loss of Income (LOI):	S\$ ✓	(\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ -		1) Claim status: Normal/ Reject/Dispute/Settle
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$320
Total:	S\$ 1,090.45	Global Sum S\$: 1,090.00	
FINAL PAYMENT	Date/Time: 05.08.21	Confirm with: CHRIS	Email ☐ Call ☐
Payee 1:	S\$ 1,090.00	Name 1: NEW ZEN WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	