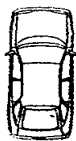


ASSIGNMENTSurveyor: **RASUL**DOI: **19/01/2021**Date / Time : **19/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKN 3207Y**Claim No. : **20/21/21/VP05/024145**Name of Insured : **WONG HONG JOO**Policy No. : **Z20VP05027990**

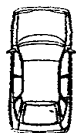
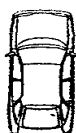
Insured Tel No. : _____ HP: _____

Make / Model : **Volkswagen Jetta****Excess Sec II :S\$** _____ D.O.A : **17/01/2021 13:20**Place of Accident : **BLK 16 BEDOK SOUTH MARKET AND FOOD CENTRE MULTISTOREY CARPARK**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****SJL 2872E**INSRS:
WSP: **MOVA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SJL 2872E - X	STAGE	DATE / PIC	
	SKN 3207Y - CS/LPC21000870/Uqd3 ; 17.01.2021	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"/>	<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"/>
		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"/>
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:	S\$ _____	(_____ days) Reduction:	% _____	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		
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$ _____		3) Survey fee:	
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:		