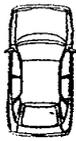
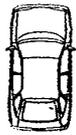


ASSIGNMENT

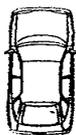
Surveyor: _____ DOI: _____ Date / Time : 09/02/2021
 Registered in Merimen: 09/02/2021

Pre-assign / CCU / FTE

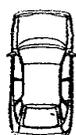
Insured Vehicle No. : SMP 1002A Claim No. : 2098994607SG
 Name of Insured : WANG ZHONG XIAN Policy No. : 1900151729
 Insured Tel No. : _____ HP: _____ Make / Model : Toyota Alphard
 Excess Sec II :S\$ _____ D.O.A : 05/02/2021 17:00 Place of Accident : 101 Thomson Rd, Singapore 307591 - MSCP
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : OO HOCK BENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJK 9352Z

INSRS:
WSP: **My Car**
Tel : **Consultant**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|--------------------------------------|---|---|------------------------------------|
| | SJK 9352Z - CC3/AIG09028253/Da2q1q2 ; 15/12/2009 | Non-Reporting ltr (1st): | |
| | CC6/AIG09022802/UFbn ; 07/10/2009 | Non-Reporting ltr (2nd): | |
| | NA/AIG19006978/k4 ; 20/04/2019 | Non-Reporting ltr (Final): | |
| | NA/INC19007003/h4 ; 20/04/2019 | Notification ltr (if non-pickup): | |
| | NBA/AIG21001839/Y ; 05/02/2021 | Call OI: | |
| | NBA/AIG21001889/Y ; 05/02/2021 | After call ltr to OI: | |
| | SMP 1002A - NBA/AIG21001839/Y ; 05.02.2021 | Documentation Check List: Handler Typist | |
| | | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | | After call ltr to OI: | <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | LOD | <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> |
| | | Others: | <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: | |