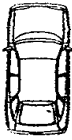


ASSIGNMENTSurveyor: OSPDOI: 04/03/2021Date / Time : 03/03/2021Registered in Merimen: 03/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKX 9264P

Claim No. : _____

Name of Insured : CHAN AI TI (ZENG AIDI)

Policy No. : _____

Insured Tel No. : _____ HP: _____

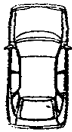
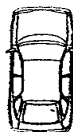
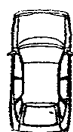
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 26/02/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SMG 9590M**INSRS:
WSP: MY CAR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																																							
	SMG 9590M : SKX 9264P : NA/HH21002841/h4 ; DOA : 26/02/2021	<table border="1"> <thead> <tr> <th>STAGE</th> <th colspan="2">DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td><td></td></tr> <tr><td>Call OI:</td><td></td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> <td>Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td></td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td><td>☐</td></tr> </tbody> </table>	STAGE	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:	☐	☐
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Post-Repair Photos:	☐	☐																																																																					
Others:	☐	☐																																																																					
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____																																																																						
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____																																																																					
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	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 : _____																																																																					
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Loss of Use (LOU): S\$ _____	(\$ _____ x _____ days)																																																																						
Loss of Income (LOI): S\$ _____	(\$ _____ x _____ days)																																																																						
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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 ☐ Call ☐																																																																					
Payee 1: S\$ _____	Name 1: _____																																																																						
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____																																																																						
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