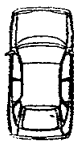


ASSIGNMENT

Surveyor: **OSP** DOI: **16/03/2021** Date / Time : **16/03/2021**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

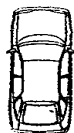
Insured Vehicle No. : **SHC 5783E** Claim No. : _____
 Name of Insured : _____ Policy No. : **P2413997**
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **27/02/2021 11:00** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

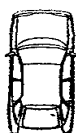
Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SLM 4941Y**

INSRS:
WSP: **GUAN MOTOR**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 4941Y - X	Non-Reporting ltr (1st):	
	SHC 5783E - CC3/AIG17013502/Kpa3s2 ; 08/07/2017	Non-Reporting ltr (2nd):	
	CC3/III16002455/Kpv3s2 ; 23/10/2015	Non-Reporting ltr (Final):	
	CC4/AXA17024667/eb3XX ; 22/12/2017	Notification ltr (if non-pickup):	
	CS/AIC08030282/Ybe1 ; 16/09/2008	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	☐ ☐
12/10/2021	SETTLED AND CLOSED / NO PHY FILE	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:	
Repair Cost: L/S	S\$ 3,250.00 (5 days) Reduction: 48.52 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 07/10/2021 Confirm with PHANG	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,250.00		
Loss of Rental (LOR):	S\$ 840.00 (7 days) X \$120.00		
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	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ 4,090.00 Global Sum S\$: 3,950.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 3,950.00 Name 1: GUAN MOTOR WORKS		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		