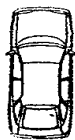


ASSIGNMENTSurveyor: TaufikhDOI: 23/04/2021Date / Time : 23/04/2021Registered in Merimen: 23/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SGX 561M

Claim No. : _____

Name of Insured : JAKARIA BIN SAIDAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

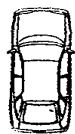
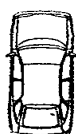
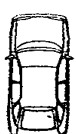
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/04/2021

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****SKU 4924S**INSRS:
WSP: **TAN LIM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
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RMKS:

Date/ Time																																																
	SKU 4924S : <u>NA/AIG21004915/r3 ; DOA : 18/04/2021</u>	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> </tr> <tr> <td>Notification ltr (if non-pickup)</td> <td>☐</td> </tr> <tr> <td>After call ltr to OI:</td> <td>☐</td> </tr> <tr> <td>Authorisation To Act:</td> <td>☐</td> </tr> <tr> <td>Release Voucher:</td> <td>☐</td> </tr> <tr> <td>Final Repair Bill:</td> <td>☐</td> </tr> <tr> <td>Car Rental Invoice:</td> <td>☐</td> </tr> <tr> <td>Towing Invoice</td> <td>☐</td> </tr> <tr> <td>LTA / GIA :</td> <td>☐</td> </tr> <tr> <td>Medical Bill:</td> <td>☐</td> </tr> <tr> <td>PIR:</td> <td>☐</td> </tr> <tr> <td>Mandate/Reject Instruction:</td> <td>☐</td> </tr> <tr> <td>LOD</td> <td>☐</td> </tr> <tr> <td>Payment Breakdown Form:</td> <td>☐</td> </tr> <tr> <td>Post-Repair Photos:</td> <td>☐</td> </tr> <tr> <td>Others:</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	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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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 : _____																																														
Repair Cost: S\$ _____																																																
Loss of Rental (LOR): S\$ _____	(_____ days)																																															
Loss of Use (LOU): S\$ _____	(\$ _____ x _____ days)																																															
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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 ☐ Call ☐																																														
Payee 1: S\$ _____	Name 1: _____																																															
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____																																															
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____																																															