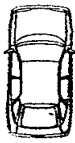


ASSIGNMENT

Surveyor:

RASULDOI: **15/04/2021**Date / Time : **14/04/2021**Registered in Merimen: **19.04.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMK 9100Z**Claim No. : **8340999192SG**Name of Insured : **LEE MING YAN**Policy No. : **1900090667**

Insured Tel No. : _____ HP: _____

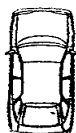
Make / Model : **Mercedes Glc200****Excess Sec II :S\$** _____ D.O.A : **09/04/2021 21:41**Place of Accident : **JCT OF KALLANG RD & CRAWFORD ST**

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **LEE HONG CHUAN**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****PA 6515Y**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	PA 6515Y -	CS/AIG21004744/R1ea3n2 ; 09.04.2021	STAGE	DATE / PIC	
	SMK 9100Z -	-NA/AIG20011304/z4 ; 18.10.2020	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:		☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
			Others:	☐	☐
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)			
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:		
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:			