

ASSIGNMENTSurveyor: KennethDOI: 31/05/2021Date / Time : 28/05/2021Registered in Merimen: 28/05/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SFH 7333E
 Name of Insured : MRS TESSEN SOHN DOROTHY BONNIE NEE BRACKEN DOROTHY BONNIE

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/05/2021

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 / NO

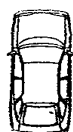
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SDL 8800U →

INSRS:
WSP: KUM CHEW
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SDL 8800U : X ; SFH 7333E : X		STAGE	DATE / PIC	
02/06/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER		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 + 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: _____				