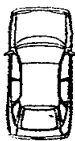


ASSIGNMENTSurveyor: **ADRIAN**DOI: **30/06/2021**Date / Time : **30/06/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKD 285T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/06/2021 12:07**

Place of Accident : _____

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

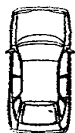
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SKV 5699E**INSRS:
WSP: **MG SOLUTION**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SKV 5699E - CS3/ASM21004737/Eqce2 ; 17.03.2021	STAGE	DATE / PIC		
	SKD 285T - X	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: _____			