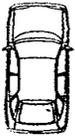


ASSIGNMENT

Surveyor: Marcus DOI: 21/07/2021 Date / Time : 21/07/2021
 Registered in Merimen: 21/07/2021

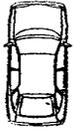
Pre-assign / CCU / FTE



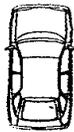
Insured Vehicle No. : GBH 7266M Claim No. : _____
 Name of Insured : JH PLUMBING PTE LTD Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 19/07/2021 Place of Accident : _____
 Is driver the owner? (YES **NO**) Nature of Accident : _____

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**

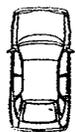
SLC 8364P



INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLC 8364P : CC3/III16021061/R1ug3q2 ; DOA : 30/10/2016	Non-Reporting ltr (1st):	
	GBH 7266M : NA/INC19019769/h4 ; DOA : 07/11/2019	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

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\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
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: _____

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: _____
- 3) Survey fee: _____