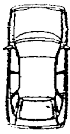


**ASSIGNMENT**Surveyor: **KENNETH**DOI: **27/08/2021**Date / Time : **27/08/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **XE 2634Y**Claim No. : **D21002422MFVS**

Name of Insured : \_\_\_\_\_

Policy No. : **D-21097029MFVS**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :\$S\$ D.O.A : **26-08-2021**

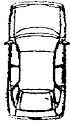
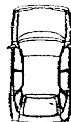
Place of Accident : \_\_\_\_\_

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****GV 2541T**INSRS: **CHENG HOE**  
WSP: **MOTOR**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time			STAGE	DATE / PIC
	<b>GV 2541T - X</b>	<b>XE 2634Y - X</b>	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
<b>22.10.2021</b>	<b>PLEASE REFER TO VIEW FOR MORE DETAILS</b>		Notification ltr (if non-pickup):	
	<b>*SUBMIT WP AS PER FCI INSTRUCTIONS</b>		Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List:</b>	<b>Handler</b>
				<b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: <b>L/SUM</b>	\$S\$ <b>3,250.00</b>	( <b>6</b> days) Reduction: <b>39</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S\$			
Medical:	\$S\$		1) Claim status: <del>Normal/Reject/Private Settle</del> <b>WP</b>	
Disbursement:	\$S\$	(e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	\$S\$		3) Survey fee: <b>285.00</b> <b>270.00</b>	
<b>Total:</b>	<b>\$S\$</b>	<b>Global Sum \$S\$:</b>	<b>\$140.00</b> <del><b>\$155.00</b></del> + \$30.00 + \$50.00 + \$50.00	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S\$	Name 1:		
Payee 2: (Strike if N.A.)	\$S\$	Name 2:		
Payee 3: (Strike if N.A.)	\$S\$	Name 3:		