

ASSIGNMENTSurveyor: MarcusDOI: 08/09/2021Date / Time : 08/09/2021Registered in Merimen: 08/09/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLA 7406U

Claim No. : _____

Name of Insured : PARTHNON DERIVATIVES PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/09/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SLQ 6593J →INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
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Date/ Time																																																																							
	SLQ 6593J : SLA 7406U : NA/MSG21009418/r3 ; DOA : 07/09/2021	<table border="1"> <thead> <tr> <th>STAGE</th> <th colspan="2">DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td><td></td></tr> <tr><td>Call OI:</td><td></td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> <td>Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td></td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td><td>☐</td></tr> </tbody> </table>	STAGE	DATE / PIC		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:		☐	Post-Repair Photos:	☐	☐	Others:	☐	☐
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PRELIMINARY ADVICE	Date/Time:	Sent By:																																																																					
FINALIZATION	Date/Time:	Confirm with:																																																																					
Repair Cost:	S\$ (days) Reduction:	% Email ☐ Call ☐																																																																					
FINAL SETTLEMENT	Date/Time:	Confirm with																																																																					
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Cal ☐																																																																					
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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:																																																																					
Payee 1:	S\$	Name 1:																																																																					
Payee 2: (Strike if N.A.)	S\$	Name 2:																																																																					
Payee 3: (Strike if N.A.)	S\$	Name 3:																																																																					