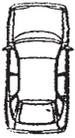


**ASSIGNMENT**

Surveyor: Taufikh DOI: 01/11/2021 Date / Time : 01/11/2021

Registered in Merimen: 01/11/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SKQ 4973X

Claim No. : \_\_\_\_\_

Name of Insured : LIM HONG LIAN

Policy No. : \_\_\_\_\_

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 29/10/2021

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

Is driver the owner? ( YES  **NO**  ) Nature of Accident : \_\_\_\_\_

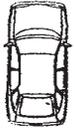
If NO, Driver Name / Age : \_\_\_\_\_

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

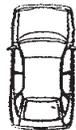
Driver Tel No. : \_\_\_\_\_ (V/L:  YES  NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

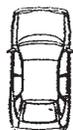
SHD 4826S → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 4826S : CS/ASM21006783/Aqce2 ; DOA : 16/06/2021	Non-Reporting ltr (1st):	
	SKQ 4973X : CC6/AIG16001103/Kjb3q2 ; DOA : 23/12/2015	Non-Reporting ltr (2nd):	
03/11/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	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: \_\_\_\_\_