

ASSIGNMENTSurveyor: _____ DOI: _____ Date / Time : **16/12/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKB 27H**Claim No. : **S1M03OKU**Name of Insured : **MOHAMED RAFIN**Policy No. : **GA584415**

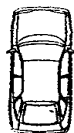
Insured Tel No. : _____ HP: _____

Make / Model : **Jaguar F-pace****Excess Sec II :S\$** _____ D.O.A : **14/12/2021 22:55**Place of Accident : **BEFORE RAFFLES HOSPITAL TWDS ECP**

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

If **NO**, Driver Name / Age : **KAREN TAN BENG HUAY @RUZANNA TAN** AGIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

Insured Liability : % **Final ? Yes / No****EU 1882U**INSRS: **PEOPLE'S**
WSP: **VEHICLE**
Tel : **RECOVERY**
Liability : **SERVICE**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKB 27H - X	STAGE	DATE / PIC	
	EU 1882U - CC4/ASM21005155/Aga3; 23/04/2021	Non-Reporting ltr (1st):		
	CS/FCI19021094/Aqd3e2; 26/11/2019	Non-Reporting ltr (2nd):		
	NA/INC19020991/z4; 26/11/2019	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"/>
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
FINAL SETTLEMENT	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: 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 <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: _____			