

ASSIGNMENTSurveyor: AdrianDOI: 14/12/2021Date / Time : 11/01/2022Registered in Merimen: 11/01/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLN 5727M

Claim No. : _____

Name of Insured : DANKER GERARD MARTIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

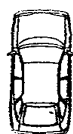
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/01/2022

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**YP 8480P → _____ → _____ → _____ → _____INSRS:
WSP: **YSK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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WSP:
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Liability :
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Date/ Time																																																																							
	YP 8480P : CC4/EQI19000692/Gwb3s2 ; DOA : 24/12/2018 SLN 5727M : NA/CTI21012514/r3 ; DOA : 08/12/2021	<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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Others:	☐	☐																																																																					
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____																																																																						
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 : _____																																																																					
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Loss of Rental (LOR):	S\$ _____ (_____ days)																																																																						
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)																																																																						
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)																																																																						
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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 ☐ Call ☐																																																																					
Payee 1:	S\$ _____ Name 1: _____																																																																						
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____																																																																						
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____																																																																						