

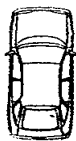
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **15/02/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBC 135E**

Claim No. : _____

Name of Insured : **UNION EXHIBITION**Policy No. : **Z22VC05010011**

Insured Tel No. : _____ HP: _____

Make / Model : _____

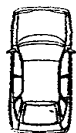
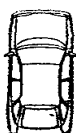
Excess Sec II :S\$ _____ D.O.A : **13/02/2022 18:04**Place of Accident : **BLK. 20 & 21, TOA PAYOH LORONG 7 OPEN-AIR CARPARK**

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

If **NO**, Driver Name / Age : **KOH HOI TENG**

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

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

Insured Liability : % **Final ? Yes / No****SKP 6889Z**INSRS:
WSP: **AVANTAGE**
Tel : **VAG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKP 6889Z - NA/FC16017561/h4 ; 16/09/2016	STAGE	DATE / PIC
	NA/LPC22001461/m4 ; 13/02/2022	Non-Reporting ltr (1st):	
	NS/INC16010906/K1vbd1 ; 10/06/2016	Non-Reporting ltr (2nd):	
	GBC 135E - NA/LPC22001461/m4 ; 13.02.2022	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:	☐
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 + LOI ☐ [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 ☐ Call ☐
Payee 1: S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		