

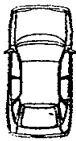
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 24/05/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SKA 7787GClaim No. : S2M041YMName of Insured : BELL MICHAEL JOHNPolicy No. : GA570299

Insured Tel No. : _____ HP: _____

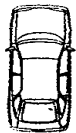
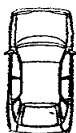
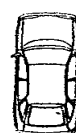
Make / Model : Subaru Forester 2.5 TurboExcess Sec II :S\$ _____ D.O.A : 21/05/2022 10:50Place of Accident : Thomson Lane at Thomson Junction

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**SMS1602CINSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																
	SMS 1602C - CC6/AIG22003847/Aea3 ; 21.04.2022	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/> <input type="checkbox"/></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)	<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"/>	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	Others:	<input type="checkbox"/> <input type="checkbox"/>
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PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____																																															
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: _____																																															