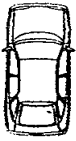


ASSIGNMENTSurveyor: LIM

DOI: _____

Date / Time : 30.05.2022Registered in Merimen: 30.05.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SKN 7012R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 29.05.2022 11:11

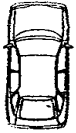
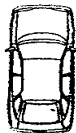
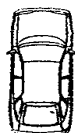
Place of Accident : _____

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****SKU 7991C**INSRS:
WSP: **TEAM**
Tel : **AUTOPRO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKU 7991C - CS/MSG17012827/T1rbq2 ; 25.06.2017	STAGE	DATE / PIC	
	SKN 7012R - X	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:		☐
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: _____			