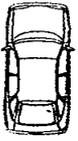


ASSIGNMENT

Surveyor: MARCUS DOI: 20/06/2022 Date / Time : 20/06/2022
 Registered in Merimen: 20/06/2022

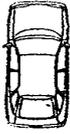
Pre-assign / CCU / FTE



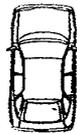
Insured Vehicle No. : SLJ 2260H Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 18/04/2022 14:25 Place of Accident : Sims Ave, Singapore
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

GBJ 8390U



INSRS: LIU'S BROTHER
 WSP: AUTO
 Tel : ENGINEERING
 Liability: WORKSHOP
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	GBJ 8390U - X	SLJ 2260H - X	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"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:	
Repair Cost: <u>L/Sum</u> S\$ <u>1,300.00</u> (<u>3</u> days) Reduction: <u>60</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>23/05/2023</u> Confirm with <u>Susan</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>1,300.00</u>				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ <u>240.00</u> (\$ <u>80</u> x <u>3</u> days)				
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ _____				
Medical: S\$ _____				
Disbursement: S\$ _____ (e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Dispute/Settle	
Legal Cost S\$ _____			2) Report Format: <u>TP</u>	
			3) Survey fee: <u>\$320</u>	
Total: S\$ <u>1,540.00</u>		Global Sum S\$:		
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>1,540.00</u>		Name 1: <u>LIU'S BROTHER AUTO ENGINEERING WORKSHOP</u>		
Payee 2: (Strike if N.A.) S\$ _____		Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____		Name 3: _____		