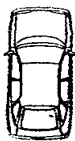


ASSIGNMENT

Surveyor:

MARCUSDOI: **29/06/2022**Date / Time : **29/06/2022**Registered in Merimen: **29/06/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GT 8111Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **28-06-22**

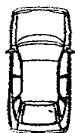
Place of Accident : _____

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****SKA 2634Y**INSRS:
WSP: **CHOO MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date		Close Date Created By	DATE / PIC	
SKA 2634Y -	CC6/AIG12005667/Ka2r1q2	20/04/2012	SGU 7996L SKA 2634Y	19/03/2012	22/04/2012
GT 8111Y - 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: L/SUM	S\$ 8,700.00	(5 days) Reduction:	67 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/03/2023	Confirm with Jason		Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 8,700.00				
Loss of Rental (LOR):	S\$ 900.00	(6 days) X\$150.00			
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\$ 2.00				
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP			
Legal Cost	S\$	3) Survey fee: \$600.00			
Total:	S\$ 9,602.00	Global Sum S\$: 9,600.00			
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☒ Call ☐	
Payee 1:	S\$ 9,600.00	Name 1:	Choo Motor Spray Painter		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			