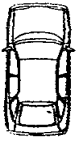


ASSIGNMENT

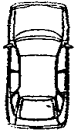
Surveyor: ADRIAN DOI: 28/06/2022 Date / Time : 28/06/2021
 Registered in Merimen: 01.07.2022

Pre-assign / CCU / FTE

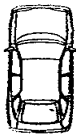


Insured Vehicle No. : SMR 9534T Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 27/06/2022 16:26 Place of Accident : CLEMENTI AVE 6 SLIP ROAD TOWARDS CLEMENTI 4 AND 5
 Is driver the owner? (YES / NO) 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**

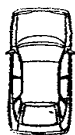
SKL 1103L → → → →



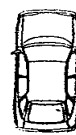
INSRS: _____
 WSP: YSK AUTO WORKSHOP
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	Reference Entry	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By
	CC6/CT121005802/Aes3q2	27/07/2021	SKL 1103L	SLW 9590R	12/05/2021	30/07/2021	LSL1
	NA/INC16004954/h4	16/03/2016	TAN SWEE TEE	SKL 1103L	JRH 4250	15/03/2016	18/03/2016
	SMR 9534T - X						LSH
							Non-Reporting Itr (1st)
							Non-Reporting Itr (2nd)
							Non-Reporting Itr (Final)
							Notification Itr (if non-pickup):
							Call OI:
							After call Itr to OI:
							Documentation Check List:
							Notification Itr (if non-pickup) <input type="checkbox"/> Handler <input type="checkbox"/> Typist <input type="checkbox"/>
							After call Itr 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"/> <input type="checkbox"/>
							Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
							Others: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:						
FINALIZATION	Date/Time:						
Repair Cost:	L/Sum S\$ 5,800.00	(6 days) Reduction:	57 %				Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 18/01/2023	Confirm with Janet					Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27					If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,800.00						
Loss of Rental (LOR):	S\$ (days)						
Loss of Use (LOU):	S\$ 480.00 (\$ 80 x 6 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\$ 7.45						
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: \$320
Total:	S\$ 6,287.45	Global Sum S\$:					
FINAL PAYMENT	Date/Time:	Confirm with:					Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 6,287.45	Name 1:	YSK AUTO WORKSHOP				
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:					