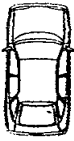


ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 15/07/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.	:	<u>XD 6029Z</u>	Claim No.	:	<u>21/22/22/VC05/025997</u>	
Name of Insured	:	<u></u>	Policy No.	:	<u></u>	
Insured Tel No.	:	<u></u>	HP:	<u></u>	Make / Model :	<u></u>
Excess Sec II :S\$		<u></u>	D.O.A :	<u>21/06/2022 18:00</u>	Place of Accident :	<u></u>
Is driver the owner?	(YES / NO)	Nature of Accident :				

If **NO**, Driver Name / Age :

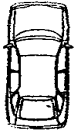
Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :	%	Final ? Yes / No
---------------------	---	-------------------------

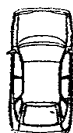
XD 7899Y



INSRS:
WSP: **Cheng Hoe**
Tel : **Motor Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				DATE		DATE / PIC	
XD 7899Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC4/EQ114023437/Rwy3k3 16/06/2015 SKQ 2798Z XD 7899Y 16/12/2014 18/06/2015			Created By			
				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:					