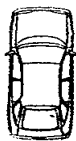


ASSIGNMENT

Surveyor:

TAUFIKHDOI: **22/07/2022**Date / Time : **22/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YM 9088Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21.07.2022 09:10**

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

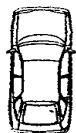
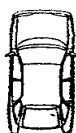
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SHB 6266E**INSRS:
WSP: **CDGE LOYANG**
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	STAGE	Created By	DATE / PIC
SHB 6266E - X	CC3/AIG07001828/YDn 03/12/2008 SHB 6266E SFH 6838Y 04/10/2007 04/12/2008 SGN	Non-Reporting ltr (1st):		
	CC3/AIG13614950/Yg212w2 16/09/2013 SHB 6266E SGE 6352K 14/08/2013 18/09/2013 SBS	Non-Reporting ltr (2nd):		
	CC3/FCI16006399/Ktbq2 12/12/2016 SHD 5410B SHB 6266E 03/04/2016 13/12/2016 C3	Non-Reporting ltr (Final):		
	CS3/FCI17019050/T1bs2 02/04/2018 SKS 290Z SHB 6266E 02/10/2017 02/04/2018 NV	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:		☐
		Post-Repair Photos:	☐	☐
		Others:	☐	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____			
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: _____			