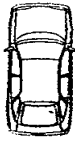


Surveyor: **Kenneth** DOI: **ASSIGNMENT**
18/08/2022

Date / Time : 18/08/2022
Registered in Merimen: 02/09/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 5291U

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 16.08.2022 11:40

Place of Accident : _____

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

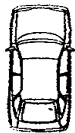
If **NO**, Driver Name / Age :

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

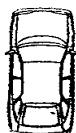
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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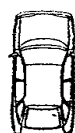
SHB 9573Z



INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		Strike Date		Close Date		Closed By	
SHB 9573Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No.		Strike Date		Close Date		Closed By	
CC3/FC115009908/Kgy3d1 16/06/2015 SHB 9573Z SHD 170B 27/06/2015		Strike Date		Close Date		Closed By	
SLF 5291U - X		Strike Date		Close Date		Closed By	
		Non-Reporting ltr (1st):					
		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:	
						☐	
						☐	
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:			