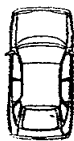


ASSIGNMENTSurveyor: **MARCUS**DOI: **05/09/2022**Date / Time : **05/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLG 4140Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **03-09-2022**

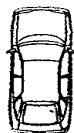
Place of Accident : _____

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****SGD 880Y**INSRS: **T K LEE**
WSP: **AUTOMOTIVE**
Tel : **PTE LTD**
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
SGD 880Y	CC3/AIG11011459/Rvx 07/12/2011 SGD 880Y 11/06/2011 12/12/2011 CMJ		
	CC3/AIG11011465/Rvn 19/07/2011 SGD 880Y 12/06/2011 22/07/2011 CMJ		
SLG 4140Z	CS/GAI17019487/Krbn2 27/11/2017 SFQ 4494X SLG 4140Z 09/10/2017 27/11/2017 CK		
	CS3/CTI21005583/T1vcn2 15/06/2021 SLG 4140Z SMH 6393E 07/06/2021 15/06/2021 NMY		
	NA/SMQ22003542/m4 19/04/2022 TAN GEOK KUAN (CHEN YUJUAN) SMR 7055Y SLG 4140Z 14/04/2022 20/04/2022 SML		
	NBA/AIG18021415/Y 27/11/2018 GOH CHUN KIANG SJQ 7884L SLG 4140Z 26/11/2018 26/11/2018 RGA		
		Documentation Check List:	Handler
		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: _____		