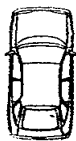


ASSIGNMENTSurveyor: **ADRIAN**DOI: **14/09/2022**Date / Time : **14/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBJ 9863R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **13/09/2022 13:45**Place of Accident : **Foch Rd, Singapore**

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

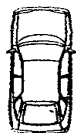
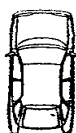
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMC 2707L**INSRS:
WSP: **XIN HUA**
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 Date	Created By	DATE / PIC
SMC 2707L	9029/A/3 14/09/2022 ARDISUMADHYO TIRTOHANDONO@OEI TJING LIG	SMC 2707L GBJ 9863R	13/09/2022 RBW
GBJ 9863R	9029/A/3 14/09/2022 ARDISUMADHYO TIRTOHANDONO@OEI TJING LIG	SMC 2707L GBJ 9863R	13/09/2022 RBW
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:	