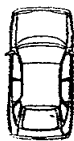


ASSIGNMENTSurveyor: **ADRIAN**DOI: **03/10/2022**Date / Time : **03/10/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLR 9176E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **01.10.2022 10:35**

Place of Accident : _____

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

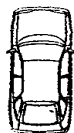
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SNG 1196J**INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																			
	SNG 1196J - X	SLR 9176E - X	STAGE DATE / PIC 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: <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td></tr> </tbody> </table>	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:	☐
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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 ☐																																
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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:																																	