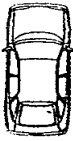


ASSIGNMENT

Surveyor: MARCUS

DOI: 26.10.2022

Date / Time : 26.10.2022

Registered in Merimen: **Pre-assign / CCU / FTE**

Insured Vehicle No. : SMQ 7045G

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$ D.O.A : 22/10/2022 12:17

Place of Accident : _____

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

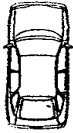
If **NO**, Driver Name / Age :

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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SMU 4180Y



INSRS:
WSP: Euro Success
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time										
SMU 4180Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CS/CT 22007344/Kqy3e2 29/08/2022 SKW 3485M SMU 4180Y 27/08/2022 30/08/2022 NMY									
	CS/CT 22007350/Uvy3q2 11/08/2022 SMU 4180Y SKW 3485M 27/08/2022 11/08/2022 NMY									
	CS/CT 22010558/Tny3 26/10/2022 SND 7752E SMU 4180Y 22/10/2022 26/10/2022 NMY									
	NA/CT 22007147/r3 27/07/2022 LEE HOCK JOO JIM SMU 4180Y SKW 3485M 12/07/2022 03/08/2022 SMI									
	NBA/CT 22010528/Y 25/10/2022 LEE HOCK JOO JIM SMU 4180Y SKW 3485M 22/10/2022 RBA									
SMQ 7045G - X										
	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: ☐ ☐				
						Others: ☐ ☐				
FINALIZATION	Date/Time:	Confirm with:				Confirm by:				
Repair Cost: L/Sum	S\$ 22,000.00	(28 days)	Reduction: 60 %		Email ☐ Call ☐					
FINAL SETTLEMENT	Date/Time: 16/02/2023	Confirm with HUAT				Email ☒ Call ☐				
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28				If NO or B 28, Ass. Lia : 100				
Repair Cost:	S\$ 22,000.00									
Loss of Rental (LOR):	S\$ 3,300.00	(33 days)	x \$100							
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: TP				
Legal Cost	S\$					3) Survey fee: \$400.00				
Total:	S\$ 25,300.00	Global Sum S\$:								
FINAL PAYMENT	Date/Time:	Confirm with:				Email ☒ Call ☐				
Payee 1:	S\$ 25,300.00	Name 1:	EURO SUCCESS SERVICES PTE LTD							
Payee 2: (Strike if N.A.)	S\$	Name 2:								
Payee 3: (Strike if N.A.)	S\$	Name 3:								