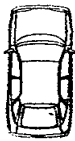


ASSIGNMENTSurveyor: **KENNETH**DOI: **08/11/2022**Date / Time : **08/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMD 4193A**

Claim No. : _____

Name of Insured : **KOH SEE KIAT**Policy No. : **DMPCSNW00180492201**

Insured Tel No. : _____ HP: _____

Make / Model : **Hyundai ELANTRA AD 1.6 GLS AT (AMS)**Excess Sec II :\$ _____ D.O.A : **05/11/2022 03:30**Place of Accident : **Near 2B Handy Rd, Singapore 229237**

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

ORCHARD ROAD AND HANDY ROAD JUNCTION

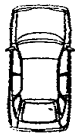
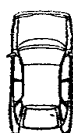
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SHC 5442P**INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 5442P - X	Non-Reporting (1st):	
SMD 4193A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting (2nd):	
CS/CTI22011215/Ewp3 09/11/2022 SMD 4193A 05/11/2022 RA	Non-Reporting (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:	☐ ☐
	Others:	☐ ☐
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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		
Legal Cost S\$ _____		
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: _____		