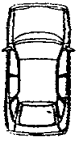


ASSIGNMENT

Surveyor: ADRIAN DOI: 22/11/2022 Date / Time : 22/11/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

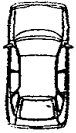
Insured Vehicle No. : SGG 4930U Claim No. : S2M04F8K
Name of Insured : CHUA CHOON CHIN Policy No. : GA599451
Insured Tel No. : _____ HP: _____ Make / Model : Honda Airwave
Excess Sec II :S\$ _____ D.O.A : 21/11/2022 09:38 Place of Accident : JURONG PORT ROAD
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

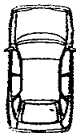
Driver Tel No. :

(V/L: YES / NO)

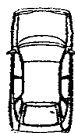
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**SGJ 6748B

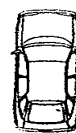
INSRS:
WSP: PREMIUM CARZ
Tel : SERVICES PTE LTD
Liability :
RMKS:



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 |
|-----------------------------------|--|---|--|
| SGJ 6748B - | CC6/AIG19001366/Aea3q2 19/06/2019 SGJ 6748B GBF 9602Z 21/01/2019 19/06/2019 | RMK | |
| SGG 4930U - x | | 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: | Handler Typist |
| | | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | | After call ltr to OI: | <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | LOD | <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> |
| FINALIZATION | Date/Time: _____ Confirm with: _____ | Confirm by: | |
| Repair Cost: | S\$ _____ (_____ days) Reduction: _____ % | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: _____ Confirm with _____ | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1: | S\$ _____ Name 1: _____ | | |
| Payee 2: (Strike if N.A.) | S\$ _____ Name 2: _____ | | |
| Payee 3: (Strike if N.A.) | S\$ _____ Name 3: _____ | | |