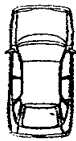


**ASSIGNMENT**

Surveyor: NAZ DOI: 05/01/2023 Date / Time : 05/01/2023  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SNC 8561M Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$ \_\_\_\_\_ D.O.A : 04/01/2023 09:30 Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

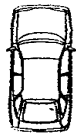
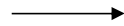
Driver Tel No. :

(V/L: YES / NO )

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

Insured Liability : % **Final ? Yes / No**

SHA 3162X



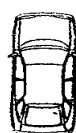
INSRS:  
WSP: CDGE  
Tel : LOYANG  
Liability :  
RMKS:



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
SHA 3162X -	CG6/III18004081/Awa3q2 07/08/2019 SKZ 8043G SHA 3162X 27/02/2018 07/08/2019 JMK	Non-Reporting ltr (1st):
CS/ASM22011930/Tqp3 28/11/2022 FBB 1616H SHA 3162X 22/11/2022 RAP	Non-Reporting ltr (2nd):	02/03/2018 RBW
NA/FWD18003854/r3 28/02/2018 EDMUND SHUAN FOO HAK HENG SKZ 8043G SHA 3162X 22/11/2022 RAP	Non-Reporting ltr (Final):	
SNC 8561M -	CS/AIS22002445/Aty3n2 15/06/2022 SLA 7753S SNC 8561M 12/03/2022 15/06/2022 MY	Notification ltr (if non-pickup):
CS/MSG22002444/y3 16/03/2022 SNC 8561M SLA 7753S 12/03/2022 SML	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:
<b>FINALIZATION</b>	Date/Time:	Confirm with:
Repair Cost:	S\$	( days) Reduction: %
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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\$	
Disbursement:	S\$	(e.g. Tow/ Independent )
Legal Cost	S\$	
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: