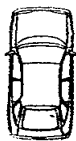


ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 18.01.2023
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.	:	<u>YP 7540G</u>	Claim No.	:	<u>22/22/22/VC05/026860</u>
Name of Insured	:	<u>TC IMPORT & EXPORT PTE LTD</u>	Policy No.	:	<u>Z22VC05013859</u>
Insured Tel No.	:	_____ HP: _____	Make / Model	:	_____
Excess Sec II :S\$	:	_____ D.O.A : <u>16.01.2023 16:45</u>	Place of Accident	:	_____
Is driver the owner?	(YES / NO)	Nature of Accident :			

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

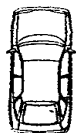
Driver Tel No. :

(V/L: YES / NO)

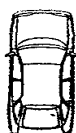
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Cyber Liability		
11. Environmental		
12. Health and Safety		
13. Product Recall		
14. Construction		
15. Other		

SLJ 129T



INRS:
WSP: Thiam Heng Huat
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					STAGE	DATE / PIC
SLJ 129T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC3/TMI18012745/Ksbn2 16/07/2018 SHC 5543G SLJ 129T 06/07/2018 17/07/2018 CKL				Reported By	
YP 7540G - 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)	☐
					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\$				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:				