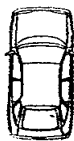


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **13.02.2023**Registered in Merimen: **13.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **YN 2009T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10.02.2023 11:30**

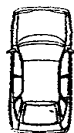
Place of Accident : _____

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****SDP 9955D**INSRS:
WSP: **PERFORMANCE**
Tel : **MOTORS LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SDP 9955D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date							
CC3/AXA11019709/H1edq2 12/09/2012 SHA 5792P SDP 9955D 24/09/2011 19/09/2012 CXG							
YN 2009T - 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:							
Post-Repair Photos:							
Others:							
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____							
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: _____							