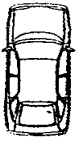


ASSIGNMENTSurveyor: **MARCUS**DOI: **20.02.2023**Date / Time : **20.02.2023**Registered in Merimen: **20.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMD 5926X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **17-02-23**

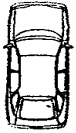
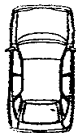
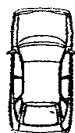
Place of Accident : _____

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****SMS 269M**INSRS:
WSP: **FASTECH**
Tel :
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
SMS 269M - Reference Entry	NBA/CTI23001839/Y	20/02/2023	SOON SAY LING, SHIRLENE	SMS 269M	SMD 5926X 17/02/2023	RBA	
SMD 5926X - Reference Entry	NBA/CTI23001839/Y	20/02/2023	SOON SAY LING, SHIRLENE	SMS 269M	SMD 5926X 17/02/2023	RBA	
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:							
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\$	1) Claim status: Normal/Reject/Private Settle					
Disbursement:	S\$	(e.g. Tow/ Independent)					
Legal Cost	S\$	2) Report Format:					
							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:					