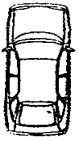


**ASSIGNMENT**

Surveyor: ADRIAN DOI: \_\_\_\_\_ Date / Time : 06/03/2023  
 Registered in Merimen: 06/03/2023

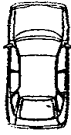
**Pre-assign / CCU / FTE**



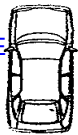
Insured Vehicle No. : SDT 15E Claim No. : \_\_\_\_\_  
 Name of Insured : LAM WEE NGIAM Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : S\$** \_\_\_\_\_ D.O.A : 28/02/2023 13:45 Place of Accident : Woodlands Ave 2, Singapore  
 Is driver 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**

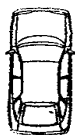
**SJN 4327P**



INSRS:  
 WSP: N-51 AUTOMOTIVE  
 Tel : 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
	SJN 4327P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC6/AIG16000837/M1ea3s2 31/05/2018 SDS 830Z SJN 4327P 12/01/2016 01/06/2018	Non-Reporting Itr (1st):
	SDT 15E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CS/AIS23002303/Rqy3 03/03/2023 SDT 15E 28/02/2023 NMY	Non-Reporting Itr (2nd):
		CS3/AIG13020170/Et2w2 07/11/2013 SDY 2806A SDT 15E 26/10/2013 08/11/2013 SBS	Non-Reporting Itr (Final):
		NJA/INC08027706/k1 11/10/2008 WONG YIN SOON ANDY SDK 9730L SDT 15E 11/10/2008 29/10/2008 LLL	Notification Itr (if non-pickup):
			Call OI:
			After call Itr to OI:
			<b>Documentation Check List: Handler Typist</b>
			Notification Itr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
			After call Itr to OI: <input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
			Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
			Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
			PIR: <input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
			LOD <input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____	( _____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	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:	
<b>Total: S\$ _____</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	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: _____		