

ASSIGNMENTSurveyor: ADRIANDOI: 07/03/2023Date / Time : 07/03/2023Registered in Merimen: 07/03/2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SJL 8479T

Claim No. : _____

Name of Insured : YAW KEE SHENPolicy No. : 7220102142

Insured Tel No. : _____ HP: _____

Make / Model : Honda CivicExcess Sec II : \$ _____ D.O.A : 05/03/2023 13:45Place of Accident : Bedok North Rd, Singapore

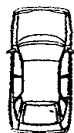
Is driver the owner? (YES / NO) Nature of Accident : _____

ZEBRA CROSSING FROM KAKI BUKIT ROADIf NO, Driver Name / Age : LIM ENG TIONG

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

Driver Tel No. : _____

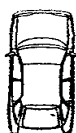
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SMT 5042LINSRS:
WSP: JDM AUTOCARE

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time			
	SMT 5042L - X	SJL 8479T - X	STAGE DATE / PIC
			Non-Reporting ltr (1st):
17/03/2023	Please be informed we received PD LOD from the TP solicitor, Vision Law LLC. Kindly assist in confirming if you are handling the PD claim via DS with the TP repairer.		Non-Reporting ltr (2nd):
	Best Regards		Non-Reporting ltr (Final):
	Bennie Tan		Notification ltr (if non-pickup):
			Call OI:
			After call ltr to OI:
17/03/2023	No DS for this case. TP repairer engaged solicitor for PRI.		Documentation Check List: Handler Typist
	We will submit our report soonest.		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
			After call ltr 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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	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: <u>WP</u>
Legal Cost S\$ _____			3) Survey fee: <u>\$290.00</u>
Total: S\$ _____	Global Sum S\$: _____		
FINAL PAYMENT	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: _____		