

LKK:  
IDAC:

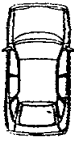
## ASSIGNMENT

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 07/03/2023

Registered in Merimen: 07/03/2023

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SKE 9939B**

Claim No. : \_\_\_\_\_

Name of Insured : SEAH SWEE HENG (XIE RUIXING)

Policy No. : SP2003092123-01

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 03/03/2023 06:35

Place of Accident : TPE, 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. :

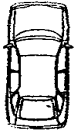
(V/L: YES / NO )

Insured Liability :

%

**Final ? Yes / No**

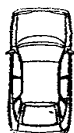
SLX 496J



INSRS:  
WSP: **Progressive Car**  
Tel: **Care Pte Ltd**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time						
SKE 9939B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By DATE / PIC	CS/AIS23002364/y3 06/03/2023 SKE 9939B 03/03/2023 NMY					
SLX 496J - 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:					
	<b>Documentation Check List: Handler Typist</b>					
	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"/>					
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:				Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
						Others: <input type="checkbox"/> <input type="checkbox"/>
<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: <input type="text"/>
Legal Cost	S\$					3) Survey fee: <input type="text"/>
<b>Total:</b>	<b>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:				