

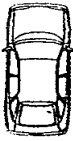
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 08.03.2023

Registered in Merimen: 12.03.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 2907R

Claim No. : _____

Name of Insured : JORDON FOOD INDUSTRIES PTE LTD

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$ D.O.A : 04/03/2023 14:30

Place of Accident : _____

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

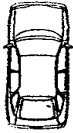
If **NO**, Driver Name / Age : **MUTHU VIJAY**

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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SHD 4751Z



INRS: BIFROST
WSP: AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				Date Created By	DATE / PIC
SHD 4751Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC3/LCR17006969/H1zg3s2 09/05/2017 SHD 4751Z SLB 7276Y 07/04/2017 09/05/2017 LSH1			Non-Reporting ltr (1st):	
CC4/AXA17007414/H1zg3q2 17/05/2017 SHD 4751Z SGK 6460A 13/04/2017 25/05/2017 LSH1	CC4/III16023170/Uub3s2 15/01/2018 SLD 4185K SHD 4751Z 04/12/2016 16/01/2018 LSH1			Non-Reporting ltr (2nd):	
YP 2907R - X				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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	☐
				Others:	☐
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)		2) Report Format:	
Legal Cost	S\$			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:			