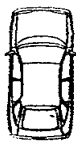


ASSIGNMENTSurveyor: **TAUFIKH**DOI: **24/03/2023**Date / Time : **24/03/2023**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMS 3393S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **22/03/2023 18:40**

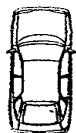
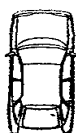
Place of Accident : _____

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****SHC 2353H**INSRS:
WSP: **CDGE LOYANG**
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	STAGE	Created By	DATE / PIC
SHC 2353H - Reference Entry	CC3/AXA12009257/H1edf1	20/06/2012	SHC 2353H SGR 2465B	08/05/2012	26/06/2012	Non-Reporting ltr (1st):		
	CS/TMI22007383/Gey3q2	29/09/2022	SHC 2353H SLH 1919J	30/07/2022	29/09/2022	Non-Reporting ltr (2nd):		
	CS3/III16001587/Gbd1	04/02/2016	SGW 2839E SHC 2353H	11/01/2016	10/02/2016	Non-Reporting ltr (Final):		
	NA/MSG11002802/w1	15/02/2011	CHUA HAN CHUAN FY 6928G	SHC 2353H	13/02/2011	Notification ltr (if non-pickup):		
	NS/INC13006003/M1y1d1	25/03/2013	SHC 2353H GZ 9652P	14/03/2013	27/03/2013	Call OI:		
SMS 3393S - X						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:						