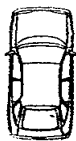


ASSIGNMENTSurveyor: IRFAN

DOI: _____

Date / Time : 03.04.2023Registered in Merimen: 04.04.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SKP 6043YClaim No. : 0023521849SGName of Insured : CHEONG HWEE MEOWPolicy No. : 2100391509

Insured Tel No. : _____ HP: _____

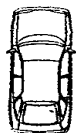
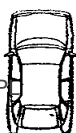
Make / Model : Mazda 3Excess Sec II :\$ _____ D.O.A : 10/03/2023Place of Accident : JALAN JURONG KECHIL VIADUCT
UPPER BUKIT TIMAH ROAD

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

If NO, Driver Name / Age : YONG CHONG CHOON

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

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

Insured Liability : % **Final ? Yes / No**YN 4515KINSRS:
WSP: KING AUTO
Tel : TECHNOLOGIES
Liability : & ENGINEERING P
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	STAGE	DATE / PIC
YN 4515K - Reference Entry	CS/III15014052/M1gbd1	18/11/2015	YN 4515K	04/08/2015	24/11/2015	CKL	Non-Reporting ltr (1st):	
SKP 6043Y - X							Non-Reporting ltr (2nd):	
							Non-Reporting ltr (Final):	
							Notification ltr (if non-pickup):	
							Call OI:	
							After call ltr to OI:	
							Documentation Check List:	
							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:						