

ASSIGNMENTSurveyor: ADRIANDOI: 19.04.2023Date / Time : 19.04.2023Registered in Merimen: 06.05.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SKS 7056M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

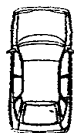
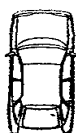
Excess Sec II :\$ _____ D.O.A : 17/04/2023 07:30Place of Accident : PIE TOWARDS CHANGI (AFTER JURONG TOWN HALL ROAD ENTRANCE)

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**SLT 3714GINSRS: **HD Perfect**
WSP: **Autowork**
Tel : **Pte. Ltd.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLT3714G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	NA/CT123003987/d4 18/04/2023	GOH AH LYE SLT 3714G SKS 7056M 17/04/2023 19/04/2023 NVT
	SKS 7056M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NA/CT123003987/d4 18/04/2023 GOH AH LYE SLT 3714G SKS 7056M 17/04/2023 19/04/2023 NVT
	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:	☐
	Post-Repair Photos:	☐
	Others:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	
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:	