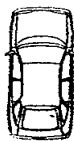


ASSIGNMENTSurveyor: **ADRIAN**DOI: **24/04/2023**Date / Time : **24/04/2023**Registered in Merimen: **07/05/2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJP 4666A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **21/04/2023 18:10**

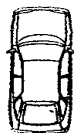
Place of Accident : _____

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****SLC 6653T**INSRS:
WSP: **Premium Carz**
Tel : **Services Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
NA/CTI23004179/d4 24/04/2023	LIM YAM CHUANG SLC 6653T SJP 4666A 21/04/2023 25/04/2023 NVT	
SJP 4666A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NA/AIG17013788/h4 20/07/2017 BONG SHIH-LI CEDRIC SJP 4666A FBK 7781B 15/07/2017 28/07/2017 ESH	
NA/CTI23004179/d4 24/04/2023	LIM YAM CHUANG SLC 6653T SJP 4666A 21/04/2023 25/04/2023 NVT	
NM/INC17014882/r3 02/08/2017	NUR ASYIQIN BINTE MOHD ALI FBK 7781B SJP 4666A 15/07/2017 07/08/2017 RBW	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Notification 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:	☐ ☐
	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:	