

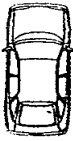
ASSIGNMENT

Surveyor: **ADRIAN**

DOI: 17/05/2023

Date / Time : 17/05/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SMW 6157S

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 09.05.2023 14:42

Place of Accident : _____

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

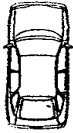
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
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SJA 6440A



INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				DATE / PIC
SJA 6440A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NA/INC10007730/r 21/04/2010 MO GUANGHAO FY 7460G SJA 6440A 19/04/2010 27/04/2010 LWS			
SMW 6157S - X				Non-Reporting ltr (1st):
				Non-Reporting ltr (2nd):
				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:		