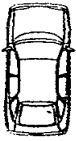


**ASSIGNMENT**

Surveyor: Kenneth DOI: 06/06/2023 Date / Time : 30.05.2023  
 Registered in Merimen: 30.05.2023

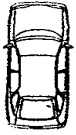
**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMT 9614K Claim No. : \_\_\_\_\_  
 Name of Insured : ONG PEI YE Policy No. : SP2003573972  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 22/05/2023 09:19 Place of Accident : PIE JUNCTION TURNING RIGHT TOWARDS CHANGI  
 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**

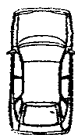
SLF 4564P → → →



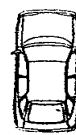
INSRS: \_\_\_\_\_  
 WSP: Sin Ming  
 Tel : AutoCare BFG  
 Liability: Pte Ltd  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>SLF 4564P - X</u>	<u>SMT 9614K - X</u>	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	<u>*Based on OI's VF, TP encroached into OI's lane.</u>	
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
<a href="#">Submit L/Sum</a>	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/Sum</u> S\$ <u>3,500.00</u> ( <u>4</u> days) Reduction: <u>64</u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>Exclude check Item \$330.00</u>		
Loss of Rental (LOR): S\$ ( _____ days)		
Loss of Use (LOU): S\$ (\$ _____ x _____ days)		
Loss of Income (LOI): S\$ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <u>WP</u>	
Legal Cost S\$ _____	3) Survey fee: <u>\$350</u>	
<b>Total: S\$ _____ Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		