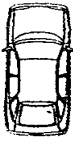


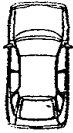
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30.05.2023
Registered in Merimen: 30.05.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : <u>SFB 5150K</u>	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : <u>29.05.2023 15:00</u>	Place of Accident : <u>PENANG LANE</u>
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

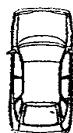
SHB 5952P



INRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		Data Created By		DATE / PIC	
SHB 5952P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Data Created By		DATE / PIC	
CC3/AIG15006983/K1pm3q2 05/09/2015 SHB 5952P SKP 1673L 15/04/2015 07/09/2015 BPI		Non-Reporting Itr (1st):			
CC3/AIG18048009/Nha3q2 15/10/2019 SHB 5952P SKR 5219D 25/09/2018 16/10/2019 HMK		Non-Reporting Itr (2nd):			
CC3/AXA13020849/R1h2b3w2 18/09/2014 SHB 5952P SCU 21T 01/11/2013 22/09/2013 HMK		Non-Reporting Itr (Final):			
CC3/LCR17005276/K1wa3q2 15/04/2019 SHB 5952P SLC 4247X 13/03/2017 18/04/2019 HMK		Non-Reporting Itr (if non-pickup):			
CC4/AXA16013851/K1ya3q2 08/03/2018 SHB 5952P SGR 5052P 23/07/2016 19/03/2019 CYY		Call OI:			
CS/FCI11010111/Gbn 21/06/2011 SJH 7253E SHB 5952P 13/04/2010 23/06/2011 CYY		Non-call Itr to OI:			
CS/ICS18009488/Sqbn2 02/07/2018 SHB 5952P SFM 4669E 22/05/2018 02/07/2018 CYY		Documentation Check List:		Handler Typist	
CS/SMR22004944/Eqy3e2 16/08/2022 SLH 4066A SHB 5952P 12/05/2022 16/08/2022 CYY		Notification Itr (if non-pickup)		☐	
CS/TIT07002989/IKtn 10/01/2008 SHB 5952P 02/11/2007 14/01/2008 TLT		After call Itr to OI:		☐	
CS/TIT08007949/Rcf 01/04/2008 SGU 7481E SHB 5952P 28/11/2007 03/04/2008 LPY		Authorisation To Act:		☐	
CS/TIT09020923/T1q1 05/10/2009 SHB 5952P 14/09/2009 14/10/2009 MTH		Survey Voucher:		☐	
NS/INC18006569/Sqbn2 02/05/2018 SHB 5952P FM 6777M 06/04/2018 03/05/2018 CYY		Final Repair Bill:		☐	
SFB 5150K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Car Rental Invoice:		☐	
NA/INC09004267/Gp1 19/03/2009 CHEE YANG HAI SFB 5150K SGW 4372X 25/02/2009 20/03/2009 LSR		Towing Invoice		☐	
NA/RSI09004345/z1 26/02/2009 KELLY SUANE IGNATIUS SGW 4372X SFB 5150K 25/02/2009 20/03/2009 LCH		LTA / GIA :		☐	
		Medical Bill:		☐	
		PIR:		☐	
		Mandate/Reject Instruction:		☐	
		LOD		☐	
		Payment Breakdown Form:		☐	
PRELIMINARY ADVICE Date/Time:		Sent By:		Post-Repair Photos:	
				☐	
				☐	
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:			