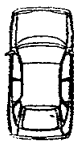


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **05.06.2023**Registered in Merimen: **05.06.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMJ 1004B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **04.06.2023 14:42**

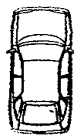
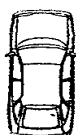
Place of Accident : _____

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****SGY 5161X**INSRS:
WSP: **CHENG HOE**
Tel : **MOTOR PL**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SGY 5161X - Reference Entry	CC3/AIG12006339/Rsrly 25/04/2012	SDN 13S	SGY 5161X 23/03/2012	03/05/2012	TC	Non-Reporting ltr (1st):	
CC6/AIG16006559/Uzb3 28/03/2017	SGY 5161X SGW 2639R 11/04/2016	29/03/2017	USP			Non-Reporting ltr (2nd):	
SMJ 1004B - X						Non-Reporting ltr (Final):	
						Notification ltr (if non-pickup):	
						Call OI:	
						After call ltr to OI:	
						Documentation Check List:	
						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:					