

ASSIGNMENTSurveyor: ADRIANDOI: 14/06/2023Date / Time : 14/06/2023Registered in Merimen: 17/06/2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SCU 183J

Claim No. : _____

Name of Insured : LIM CHUNG KHOON MICHAEL

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 09/06/2023 09:05Place of Accident : Near Blk 254, Singapore

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

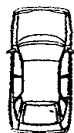
ALONG MARYMOUNT RD TWD BRADDELL RD

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**SNF 4574LINSRS: **BIFROST**
WSP: **AUTO**
Tel : **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 |
|---|---|---|-------------------------------|
| <u>SNF 4574L</u> | <u>NBA/LIP23001058/Y 02/02/2023 N R SATHEES SNF 4574L SMZ 9330Y 25/01/2023 03/02/2023 RBA</u> | <u>Non-Reporting ltr (1st):</u> | |
| <u>SCU 183J</u> | <u>CS/INC11022967/Aqd1 01/06/2012 YJ 1727G SCU 183J 22/10/2011 14/06/2023</u> | <u>Non-Reporting ltr (Final):</u> | |
| | | Notification ltr (if non-pickup): | |
| | | Call OI: | |
| | | After call ltr to OI: | |
| | | Documentation Check List: | Handler Typist |
| | | 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"/> |
| | | 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"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> |
| FINALIZATION | Date/Time: _____ Confirm with: _____ Confirm by: _____ | | |
| Repair Cost: | S\$ _____ (_____ days) Reduction: _____ % | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT | 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\$ _____ | | |
| 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: 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 <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: _____ | | |