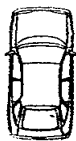


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **15.06.2023**Registered in Merimen: **19.06.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMH 7549S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10/06/2023 13:00**Place of Accident : **Jln Besar, Singapore**

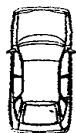
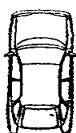
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SNA 2981J**INSRS:
WSP: **Progressive Car
Care Pte Ltd**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SNA 2981J - X		SMH 7549S - X		STAGE	DATE / PIC	
					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	
					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:					