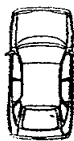


ASSIGNMENTSurveyor: ADRIAN

DOI: _____

Date / Time : 19.06.2023

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBK 1026M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 15.06.2023 15:45

Place of Accident : _____

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

If NO, Driver Name / Age : _____

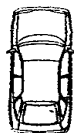
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SGW 8555JINSRS:
WSP: **KAN FOOK
SING MOTOR
WORKSHOP**
Tel :
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	Date Created By	DATE / PIC
SGW 8555J	Reference Entry	CC3/AXA11020341/Rq1c3k2	07/02/2012	SGW 8555J	GBB 4957D	04/10/2011	15/02/2012 TLF
GBK 1026M	Reference Entry	CC4/LPC23001352/Upa3q2	11/04/2023	SLG 8987X	GBK 1026M	07/02/2023	FMK
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:							
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:							☐
Post-Repair Photos:							☐
Others:							☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____							
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____							
Repair Cost:	S\$	(	days)	Reduction:	%	Email	☐
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐							
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :					
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\$						
Disbursement:	S\$	(e.g. Tow/ Independent)					
Legal Cost	S\$						
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:					