

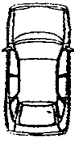
ASSIGNMENT

Surveyor: KENNETH

DOI: _____

Date / Time : _____

Registered in Merimen: 20.06.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SLQ 4725J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ D.O.A: 15/06/2023 18:10

Place of Accident : Yio Chu Kang, Singapore

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

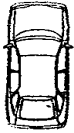
If **NO**, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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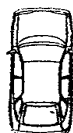
SMK 5796S



INRS: OPTIMA
WSP: WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date				STAGE	Created By	DATE / PIC	
SMK 5796S - Reference	CC4/ASM20005875/Ega3q2	02/03/2021	SMK 5796S	SDG 71K	19/05/2020	11/03/2021	DBR	
SLQ 4725J - X					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			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:
								Others:
FINALIZATION	Date/Time:				Confirm with:			Confirm by:
Repair Cost:	S\$	(days)	Reduction:	%	Email	<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)						
Legal Cost	S\$	2) Report Format:						
		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:						