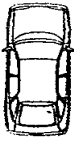


ASSIGNMENTSurveyor: **ADRIAN**DOI: **12/06/2023**Date / Time : **12/06/2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XD 7200M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **09.06.2023 09:55**

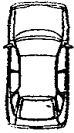
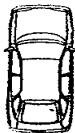
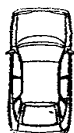
Place of Accident : _____

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****SNC 8607R**INSRS:
WSP: **JL PERFECT**
Tel : **AUTOWORK**
Liability: **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SNC 8607R - X		XD 7200M - 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:	
				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:			