

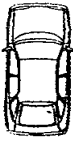
LKK:
IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 13.07.2023

Registered in Merimen: 13.07.2023**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMT 1627B

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 06/07/2023 09:35

Place of Accident : TPE FILTER TO UPPER CHANGI ROAD EAST

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

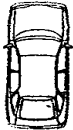
If **NO**, Driver Name / Age :

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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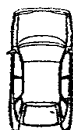
YQ 1224D



INRS: LIU'S BROTHER
WSP: AUTO
Tel : ENGINEERING
Liability : WORKSHOP
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				Created By		DATE / PIC	
YQ 1224D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC6/AIG21011547/Uga3q2 21/07/2022 - YQ 1224D GBB 1458Y 09/11/2021 22/07/2022 LSR			Created By		DATE / PIC	
SMT 1627B - 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)		☐	☐
				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:					