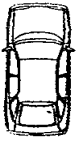


ASSIGNMENTSurveyor: KENNETHDOI: 18/07/2023Date / Time : 18/07/2023

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SLH 1233D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S\$ _____ D.O.A : 14.07.2023 19:20

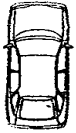
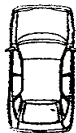
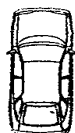
Place of Accident : _____

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**SHD 9853EINSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHD 9853E	CC3/CTI18014861/Kpb3q2 23/10/2018 SHD 9853E SLF 6776G 12/08/2018 26/10/2018 LSP		
	CC3/CTI23001275/Kpa3q2 29/05/2023 SHD 9853E SKW 7465U 26/01/2023 HMK		
	CC3/TMI22000416/Ktcn2 29/03/2022 SHD 9853E SKV 2068X 31/12/2021 29/03/2022 HMK		
	NA/INC18019327/z4 24/10/2018 KOH POH KIAT SJR 4687D SHD 9853E 23/10/2018 31/12/2022 HMK		
SLH 1233D	CC4/AIS22012531/Apa3q2 18/04/2023 SLH 1233D GBF 11M 11/12/2022 19/04/2023 HMK		
	NA/CTI22012395/r3 12/12/2022 EDWIN LEONG YEW FAI SLH 1233D GBF 11M 11/12/2022 21/12/2022 RBW		
		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:	☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
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\$		
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: _____		