

Sundari

CC 4/11/20 11774 / #3

ASSIGNMENT

SURVEYOR

DOB

Date / Time :

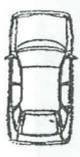
11-8-17

Registered in Merimen:

28-6-18

Pre-assign / CCU / FTE

SHC3563L



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 8-10-17

Place of Accident : _____

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

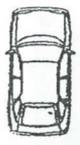
If NO, Driver Name / Age : Phany Chhrel 59

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

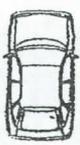
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

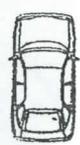
GBF 3871C



INSRS: WSP: Sin Phany
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
2/10/18	GBF 3871C - x, SHC3563L - x	
26/6/2018	Seek mandate liability from III. Approve by III Video upload in merimen	
26/7/19	8/8/2018, email liability clear to TP workshop	
3/9/19	10 days notice send TP Pending III instruction / approval to close case.	
27/9	to cancel case (NO SURVEY DONE).	
30-9-19	TO CLOSE NO SURVEY DONE.	
2019	RMK pass Admin to close.	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 15	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	S\$	Loss of Rental (LOR):	S\$ (days)	If NO or B 28, Ass. Lia : OIP change line
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\$	Legal Cost	S\$	2) Report Format:
Total:	S\$	Global Sum S\$:		3) Survey fee:
FINAL PAYMENT	Date/Time:	Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Payee 3: (Strike if N.A.)	S\$	Name 3:

CANCEL