

ASSIGNMENT

Surveyor:

DOI:

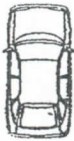
Date / Time:

Registered in Merimen:

3/2/18

3/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJG 5003D

Claim No. :

Name of Insured :

PAMR SELVAM S/O MAAJINASAMY

Policy No. :

DISMP 0000573

Insured Tel No. :

97126757 HP: 90102169

Make / Model :

T. PICNIC

Excess Sec II : \$\$

D.O.A :

6/2/2018

Place of Accident :

PCE 7 TOH TUCK AVE

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

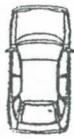
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLK 7578D



INSRS:

WSP:

Tel :

Liability :

RMKS:

pml



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
12/12	SLK 7578D - X ; SJG 5003D - X	Non-Reporting ltr (1st):	
17/1/18	seek liability unclear via merimen	Non-Reporting ltr (2nd):	
17/5/19	Email wkshop 10 days notice.	Non-Reporting ltr (Final):	
29/5/19	Email to III to cancel file.	Notification ltr (if non-pickup):	
29/5/19	cancel file no survey done	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:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		
Repair Cost:	\$S	If NO or B 28, Ass. Lia :		
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 ☐	[Pick 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:		