

ASSIGNMENT

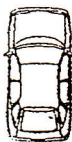
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

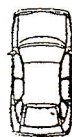
If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Other		



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
14/12	Site 5156P - C67/AIG 18022391/cha? ; DOA: 9/11/18 - CC31/C61A 10056/cha3 ; DOA: 31/5/18 - Cuk/Acm 18020039/Aj63 ; DOA: 31/10/18 - C64/AxA 18011153/7p63at ; DOA: 31/5/18 - C64/AxA 18013239/Aja31 ; DOA: 18/3/18	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
14/12/18	Site 1942P - C63/BK 11 30245381/CL63297; DOA: 21-12/18 - CUK/mr L 70121961/Ty6322; DOA: 16/6/18 - ASH/mz 6010464/H19/buz; DOA: 3/6/18 - PINNACLE. - MUX EQUIPMENT. CONFUSING VERSIONS. BOTH REPORTED GREEN LIGHT ON THEIR PHONE. TO GET OI VIDEO TO RESOLVE LIABILITY. - DIVIDED FOOTAGE IN . UPLOADED IN WORKBOOK. - TO REBOOT CAMU. - III AGREEED TO REBOOT TP CAMU. - TP LOW IN BY BUNK - BUNK TO TP TO REBOOT CAMU. - TO CLOSE.	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/ <u>Reject</u> Instruction: ☒ ☐ LOD ☐ ☐ Payment Breakdown Form: ☐ ☐	
22/02/19			
24/02/19			

PRELIMINARY ADVICE		Date/Time:	Sent By:	Reject Case	Post-Repair Photos:	☐	☐
				By (staff) : <u>N/C</u>	Others:	☐	☐
FINALIZATION		Date/Time:	Confirm with:	Approved by : <u>Y.W</u>	Confirm by:		
Repair Cost:	<u>L/g</u>	S\$ <u>4,360.00</u>	5 days	Reduction: <u>Da 90</u> % <u>2/2/19.</u>		Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with		Email ☐	Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>			If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ <u>—</u>				<u>CONFIRMING VERSION</u>		
Loss of Rental (LOR):	S\$ <u>—</u>	(days)					
Loss of Use (LOU):	S\$ <u>—</u>	(\$ x days)					
Loss of Income (LOI):	S\$ <u>—</u>	(\$ x days)					
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$ <u>—</u>						
Medical:	S\$ <u>—</u>				1) Claim status: Normal/ Reject /Private Settle		
Disbursement:	S\$ <u>—</u>	(e.g. Tow/ Independent)			2) Report Format:		
Legal Cost	S\$ <u>—</u>				3) Survey fee: <u>\$ 450.00</u>		
Total:	S\$ <u>—</u>	Global Sum S\$:					
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐	Call ☐	
Payee 1:	S\$ <u>—</u>	Name 1:	<u>—</u>				
Payee 2: (Strike if N.A.)	S\$ <u>—</u>	Name 2:	<u>—</u>				
Payee 3: (Strike if N.A.)	S\$ <u>—</u>	Name 3:	<u>—</u>				