

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 27/08/2019

Date / Time : 27/08/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SME 9201Y

Claim No. :

Snm 190203444

Name of Insured :

Policy No. :

Insured Tel No. :

HP: _____

Make / Model :

Excess Sec II :\$S

D.O.A : 21/08/2019 19:30

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. :

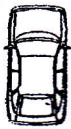
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SKB 2392P



INSRS:

WSP:

Tel :

Liability :

RMKS:

NHT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SKB 2392P - X	SME 9201Y - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
03/09/19	- FILE FOLLOWED. CONFIRMING VERSIONS. OIL REPORTED TP CUT CHRG. OIL GOT VIDEO FOOTAGE. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & GET EVIDENCE. - EMAIL LIABILITY, UNCLERE. - OI VIDEO IN. V/VIC SME 9201Y - TP OVERSTATING INSURED.		Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	03/09/19-VIC
			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:	☐
10/09/19	- EMAIL TO OI FOR RESTORATION - FINISHED		Towing Invoice	☐
10/10/19	- SEND PA TO OI - OI AGREED TO REPAIR TP CLAIM - EMAIL TO TP REPAIR CLAIM - TO CLOSE		LTA / GIA :	☐
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☒
			LOD	☐
			Payment Breakdown Form:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE Date/Time: 10/10/19 Sent By: VIC				
FINALIZATION Date/Time: Confirm with: Confirm by:				
Repair Cost:	L16	S\$ 2,300.00 (3 days) Reduction: 81 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐				
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	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 ☐	[Tick only one] : 4	
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:	-	

Reject Case

By (staff) : VIC

Approved by : 11-10-19

REPAIR TP CLAIM

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 450.00