

**ASSIGNMENT**

Surveyor: RASUL

DOI: 16/10/2019

Date / Time : 14/10/2019

Registered in Merimen: 14/10/2019

**Pre-assign / CCU / FTE**

	Insured Vehicle No. : <u>SBF 6823Y</u>	Claim No. : <u>0662147748SG</u>	Ax
	Name of Insured : <u>LIM HUA ENG</u>	Policy No. : <u>1900078074</u>	
	Insured Tel No. : _____ HP: _____	Make / Model : <u>KIA CERATO</u>	
	Excess Sec II :S\$ _____ D.O.A. : <u>26/09/2019 16:00</u>	Place of Accident : <u>APERIA MALL 10 KALLANG AVENUE</u>	
	Is driver the owner? ( YES / NO ) Nature of Accident : _____		
	If NO, Driver Name / Age : <u>ONG KIT HONG</u>	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
	Driver Tel No. : <u>+65-98500830</u> (V/L: YES / NO )	Insured Liability : % Final ? Yes / No	

**SKW 1744D**

	INSRS: WSP: <u>SIN HUP LEE</u>		INSRS: WSP: _____		INSRS: WSP: _____		INSRS: WSP: _____
	Tel: _____		Tel: _____		Tel: _____		Tel: _____
	Liability: _____		Liability: _____		Liability: _____		Liability: _____
	RMKS: _____		RMKS: _____		RMKS: _____		RMKS: _____

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ _____	( _____ days) Reduction:	% _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <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\$ _____	(e.g. Tow/ Independent )	2) Report Format:
Legal Cost	S\$ _____		3) Survey fee:
<b>Total:</b>	<b>S\$ _____</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ _____	Name 1:	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	

