

ASSIGNMENT

Surveyor: XGQ

DOI: 22.11.2019

Date / Time : 22.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

	Insured Vehicle No. : <u>GBD 4659D</u>	Claim No. : _____
	Name of Insured : _____	Policy No. : _____
	Insured Tel No. : _____ HP: _____	Make / Model : _____
	Excess Sec II :S\$ _____ D.O.A : <u>21.11.2019 16:40</u>	Place of Accident : <u>TAMPINES AVE 7 TOWARDS TAMPINES ST 93</u>
	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

SKU 7627E

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

Date/ Time	GBD 4659D- X	SKU 7627E - X	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:	
			Documentation Check List:	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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

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 LOU only LOR + LOU LOR + LOI **[Tick 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: _____

