


**ASSIGNMENT**

Surveyor: STEVE DOI: 16/09/2019 Date / Time : 16/09/2019  
Registered in Merimen: 17/09/2019

**Pre-assign / CCU / FTE**

 Insured Vehicle No. : SME 4969Z Claim No. : 8407065804SG  
Name of Insured : LIM QING KANG, SHAWN Policy No. : 1800114450  
Insured Tel No. : \_\_\_\_\_ HP: +65-86112212 Make / Model : KIA CERATO  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 13/09/2019 13:05 Place of Accident : 88 TANGLIN HALT ROAD S 141088  
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**

**SHD 6350J**

 INSRs: \_\_\_\_\_ WSP: SMRT , WL  
Tel : \_\_\_\_\_ Tel : \_\_\_\_\_ Liability : \_\_\_\_\_ Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
SME 4969Z - X	Non-Reporting ltr (1st):	
SHD 6350J - NS/INC17023332/Stbe2 - ; DOA: 06/12/17	Non-Reporting ltr (2nd):	
- CC3/AXA14016814/K1sy3w2; DOA: 31/8/14	Non-Reporting ltr (Final):	
- CC3/AXA13019053/R1py3c3; DOA:8/10/13	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
Others:

**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\$ \_\_\_\_\_ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent ) 2) Report Format: \_\_\_\_\_  
Legal Cost S\$ \_\_\_\_\_ 3) Survey fee: \_\_\_\_\_

**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: \_\_\_\_\_

