

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/02/2020 Date / Time : 05/02/2020
 Registered in Merimen: 06/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 1357D Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 31.01.2020 15:20 Place of Accident : GEYLANG LORONG 15
 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

SGR 7888G



INSRS:
WSP: **ZERO**
Tel: **GRAVITY**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	GBG 1357D - X	
	SGR 7888G - CC6/AIG15017333/Uhb3q2; DOA: 09.10.15	
	- CC6/AXA12024262/Uv1f3q2; DOA: 05.12.12	
	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 checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" 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 checked="" 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 checked="" 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\$ 4,400.00 (6 days) Reduction: 55 % Email Call

FINAL SETTLEMENT Date/Time: 03/07/2020 Confirm with Mei Ni Email Call

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL
 Repair Cost: \$4400 S\$ 2,200.00 conflicting version

Loss of Rental (LOR): S\$ - (days)
 Loss of Use (LOU): \$960 S\$ 480.00 (\$ 120 x 8 days)
 Loss of Income (LOI): S\$ - (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 7.45
 Medical: S\$ -
 Disbursement: S\$ - (e.g. Tow/ Independent)
 Legal Cost S\$ -

Total: S\$ 2,687.45 **Global Sum S\$:**
 1) Claim status: Normal/~~Report/Repair/Strike~~
 2) Report Format: TP
 3) Survey fee: \$320

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

Payee 1: S\$ 2,687.45 Name 1: Zero Gravity
 Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3: