

ASSIGNMENT

Surveyor: **TAUFIKH** DOI: **07/02/2020** Date / Time : **06/02/2020**
Registered in Merimen: **06/02/2020**

Pre-assign / CCU / FTE

	Insured Vehicle No. : SLW 2265B	Claim No. : 1300891122SG
	Name of Insured : KU JIT HON	Policy No. : 1800007615
	Insured Tel No. : _____ HP: _____	Make / Model : MITSUBISHI ATTRAGE-1.2 CVT (A)
	Excess Sec II :\$ _____ D.O.A : 19/01/2020 18:20	Place of Accident : JUNCTION OF PANDAN LOOP & WEST COAST HIGHWAY
	Is driver the owner? (YES / <input checked="" type="checkbox"/> NO) Nature of Accident : _____	
	If NO, Driver Name / Age : TAN CHER LIN, CHERYL	OI GIA REPORT: <input checked="" type="checkbox"/> YES / NO ; TP GIA REPORT: <input checked="" type="checkbox"/> YES / NO
	Driver Tel No. : _____ (V/L: YES / NO)	Insured Liability : _____ % Final ? Yes / No

FBJ 5956H

	INSRS: WSP: PANG SCOOTER Tel: SERVICE Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:
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Date/ Time	FBJ 5956H - X	SLW 2265B - 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"/>

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\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____

Total: S\$ _____ **Global Sum S\$:** _____
1) Claim status: Normal/Reject/Private Settle
2) Report Format: _____
3) Survey fee: _____

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: _____

