

**ASSIGNMENT**

Surveyor: MARCUS

DOI: 16/03/2020

Date / Time : 16/03/2020

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : XD 5421E  
 Name of Insured : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 16/03/2020

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

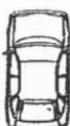
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SKR 6283K → → → → →



INSRS:  
WSP: **FASTECH AUTO**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKR 6283K - NA/TMI20004073/h4	16/03/2020
	XD 5421E - CS3/AXA13020061/M1qm3u2-1	23/10/2013
	CS3/AXA13020061/Sqm3u2	23/10/2013
	CS3/CTI20003350/Qvf3e2	26/02/2020
	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>	<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"/>

<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

<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"/>
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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> S\$	<b>Global Sum S\$:</b>	

<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

