

ASSIGNMENT

Surveyor: MARCUS DOI: 21/04/2020 Date / Time : 02/04/2020
 Registered in Merimen: 20/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 1896R Claim No. : _____
 Name of Insured : HOW TOH THIAM HENG Policy No. : _____
 Insured Tel No. : _____ HP: 97521352 Make / Model : HONDA FIT 1.3 GF CVT
 Excess Sec II :S\$ _____ D.O.A : 19/03/2020 Place of Accident : KAKI BUKIT ROAD 3
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : HO SU CHUNBG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : 93894851 (V/L YES / NO) Insured Liability : _____ % Final ? Yes / No

FBL 5366A



INSRS: _____
 WSP: YEW TEE
 Tel : AUTOMOBILE
 Liability : _____
 RMKS: _____



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



INSRS: _____
 WSP: _____
 Tel : _____
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INSRS: _____
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 Tel : _____
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Date/ Time		STAGE	DATE / PIC
	FBL 5366A - NA/III20004318/z4 19/03/2020	Non-Reporting ltr (1st):	
	SMA 1896R - NA/III20004318/z4 19/03/2020	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"/>
27012021	TP WITHDRAW TP CLAIM. SUBMIT WP. ADMIN TO CLOSE	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:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/S	S\$ 4600.00 (3 days) Reduction: \$2,851.76 % 38	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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: WP	
Legal Cost	S\$	3) Survey fee: \$250.00	
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		