

ASSIGNMENTSurveyor: KENNETHDOI: 24/04/2020Date / Time : 23/04/2020Registered in Merimen: 24/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SGZ 9733PClaim No. : 7948231990SGName of Insured : NEO CHEE BENGPolicy No. : 2100496010Insured Tel No. : HP: 96713783Make / Model : NISSAN SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)Excess Sec II :S\$ D.O.A : 01/04/2020Place of Accident : 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**SMH 2372SINSRS:
WSP: **KGC**
Tel : **WORKSHOP**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMH 2372S - X	STAGE
		DATE / PIC
		Non-Reporting ltr (1st):
	SGZ 9733P - CC3/AIG11023114/Asg2q2 15/10/2011	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) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
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:	