

ASSIGNMENTSurveyor: **ADRIAN**DOI: **06/04/2020**Date / Time : **06/04/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMF 7303U**

Claim No. : _____

Name of Insured : **TOON GOON HAI**Policy No. : **DMPPHQ19-007349**Insured Tel No. : _____ HP: **+65-98250717**Make / Model : **HYUNDAI ELANTRA****Excess Sec II :S\$** _____ D.O.A : **31/03/2020**Place of Accident : **JUNC OF UPP CHANGI RD EAST & XILIN AVE**Is driver the owner? (☒ **YES** / NO) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: ☒ **YES** / NO ; TP GIA REPORT: ☒ **YES** / NODriver Tel No. : _____ (V/L: ☒ **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SDG 9637U**INSRS:
WSP: **NHT**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SDG 9637U	NA/EQI20004774/h4 ; DOA : 31.03.2020	Non-Reporting ltr (1st):	
	SMF 7303U		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:		