

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 04/05/2020Registered in Merimen: 04/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SGF 535J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 30/04/2020

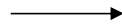
Place of Accident : _____

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**GBC 1706BINSRS:
WSP: **DYNAMIC**
Tel : **AUTOWORK**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBC 1706B - NBA/TMI20001582/Y 18/01/2020 NA/TMI20005510/z4 30/04/2020	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) ☐ ☐ 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: ☐ ☐ Post-Repair Photos: ☐ ☐ Others: ☐ ☐
	SGF 535J - CS/AXA15013089/R1gbd1 02/08/2015 NA/TMI20005510/z4 30/04/2020	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
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: _____