

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 14/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 6766D

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :\$S\$ D.O.A : 13/05/2020

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. :

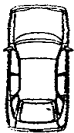
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SKQ 7764M



INSRS:
WSP:
Tel : GREEN FOREST
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKQ 7764M - CC4/AXA17015235/Aua3q2 03/08/2017		STAGE	
	GBF 6766D - CS/MSG18019378/Gqd3s2 17/10/2018		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: ☐ ☐	
PRELIMINARY ADVICE Date/Time:			Sent By: ☐ ☐	
			Post-Repair Photos: ☐ ☐	
			Others: ☐ ☐	
FINALIZATION Date/Time:			Confirm with: Confirm by:	
Repair Cost: L/SUM	S\$ 3,600.00	(5 days) Reduction: 66 %	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: ☐ ☐ ☐ WP	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 350.00	
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:		