

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 29.06.2020Registered in Merimen: 29.06.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 3212U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 28/06/2020

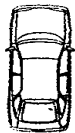
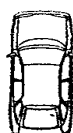
Place of Accident : _____

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****SFZ 821P**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SFZ 821P - X	STAGE	DATE / PIC		
	SHD 3212U - CC3/AXA11017825/M1q1dc1 ; 30/08/2011	Non-Reporting ltr (1st):			
	CS/MSG20001923/Dqf3n2 ; 01/02/2020	Non-Reporting ltr (2nd):			
	NS/INC17011154/H1qbe2 ; 06/06/2017	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: _____			