

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 22/07/2020Registered in Merimen: 22/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMP 1754MClaim No. : 1438616663SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 19/07/2020 10:45Place of Accident : BLOCK 57 NEW UPPER CHANGI ROAD CARPARK

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

SFF 8028RINSRS:
WSP: **XINYA AUTO
SERVICES
PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																
	SFF 8028R - CS/TP08027140/Rbg1 ; 05/07/2008 SMP 1754M NBA/MSG20007472/Y ; 19/07/2020	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐ ☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐ ☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐ ☐</td></tr> <tr><td>Release Voucher:</td><td>☐ ☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐ ☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐ ☐</td></tr> <tr><td>Towing Invoice</td><td>☐ ☐</td></tr> <tr><td>LTA / GIA :</td><td>☐ ☐</td></tr> <tr><td>Medical Bill:</td><td>☐ ☐</td></tr> <tr><td>PIR:</td><td>☐ ☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐ ☐</td></tr> <tr><td>LOD</td><td>☐ ☐</td></tr> <tr><td>Payment Breakdown Form:</td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐ ☐</td></tr> <tr><td>Others:</td><td>☐ ☐</td></tr> </tbody> </table>	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:	☐ ☐
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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: _____																																															