

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **27/07/2020**Registered in Merimen: **27/07/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMA 2118Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22/07/2020 19:40**Place of Accident : **BUKIT TIMAH RD**

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****SGL 928C**INSRS:
WSP: **HOCK WAH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																		
	SGL 928C - CC4/AIG12021744/M1a2a3q2 ; 08/11/2012 SMA 2118Y - X	<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</td> </tr> <tr> <td></td> <td>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:	☐
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:	☐																																																	
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: _____																																																	