

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **02.09.2020**Registered in Merimen: **02.09.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMS 6253T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **28/08/2020 12:55**

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****SH 3189C**INSRS:
WSP: **TAN LIM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 3189C - CC3/FCI14002722/Kgbk3 ; 23/11/2013	STAGE	DATE / PIC
	CC6/AIG10015827/Dn1f2k2 ; 06/08/2010	Non-Reporting ltr (1st):	
	CC6/AIG11001788/Gq1f2q2 ; 19/01/2011	Non-Reporting ltr (2nd):	
	CS/LPC13010308/R1vu2 ; 07/06/2013	Non-Reporting ltr (Final):	
	NA/FCI08030937/r ; 21/11/2008	Notification ltr (if non-pickup):	
	NA/INC08017235/s1 ; 12/06/2008	Call OI:	
	NA/INC10014696/s1 ; 25/07/2010	After call ltr to OI:	
	SMS 6253T - X	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: _____		