

ASSIGNMENT

Surveyor:

BRYAN

DOI:

Date / Time : **24/09/2020**Registered in Merimen: **24/09/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SGM 1457H**Claim No. : **: 7923740630SG**Name of Insured : **CONSTANCE ANG LI SHAN**Policy No. : **2100215651-10**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **22/09/2020 00:30**Place of Accident : **PIE TWDS TUAS AFTER WHITLEY RD**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **RICHARD LOWELL O'BRIEN**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **+65-98288149**(V/L: **YES** / NO)

Insured Liability : %

Final ? Yes / No**SFS 898E**INSRS:
WSP: **Teamwork**
Tel : **Garage**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SFS 898E - X		SGM 1457H - X		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:	
					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	☐
FINAL SETTLEMENT	Date/Time:	Confirm with			Email	☐
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	☐
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				