

ASSIGNMENTSurveyor: **STEVE**DOI: **05/10/2020**Date / Time : **05/10/2020**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **GW 5387Y**Claim No. : **—**Name of Insured : **ABWIN LEASING PTE LTD**Policy No. : **—**Insured Tel No. : **—** HP: **—**Make / Model : **—****Excess Sec II :S\$** **—** D.O.A : **02/10/2020**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)** NODriver Tel No. : **—** (V/L **(YES)** NO)Insured Liability : **—** % **Final ? Yes / No****SHC 7774T**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability : **—**
RMKS: **—**INSRS:
WSP:
Tel : **—**
Liability : **—**
RMKS: **—**INSRS:
WSP:
Tel : **—**
Liability : **—**
RMKS: **—**INSRS:
WSP:
Tel : **—**
Liability : **—**
RMKS: **—**

Date/ Time	SHC 7774T : X GW 5387Y : CS/INC10009898/Kfg1 ; DOA : 06/04/2010		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
			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 ☐	Cal ☐
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 + LO ☐	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:		
Total:	S\$	Global Sum S\$:	3) Survey fee:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Cal ☐
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		