

ASSIGNMENT

Surveyor:

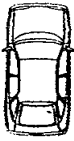
BRYAN

DOI: 12.10.2020

Date / Time : 12.10.2020

Registered in Merimen: 12.10.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGG 6235E

Claim No. : 5207045957SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ 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 / NO

Driver Tel No. :

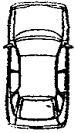
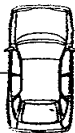
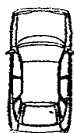
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SGX 6309L

INSRS:
WSP: JWG
Tel : INTERNATIONAL
Liability: RTE. LTD.
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGX 6309L - CC6/AIG16018029/Apb3q2 ; 22/09/2016	Non-Reporting ltr (1st):	
	NA/INC19001213/z4 ; 15/01/2019	Non-Reporting ltr (2nd):	
	SGG 6235E - CC7/AIG13009245/Ct2y ; 20.05.2013	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: ABT		
Repair Cost: LS S\$ 5,100.00 (6 days) Reduction: 76 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: S\$		BOTH TURNING LEFT	
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: TP/WP	
Legal Cost S\$		3) Survey fee: \$290	
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: _____		