

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 03.11.2020Registered in Merimen: 03.11.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLT 1197LClaim No. : 9747302599SG003Name of Insured : KOH KIM LUANGPolicy No. : 1700067238-03

Insured Tel No. : _____ HP: _____

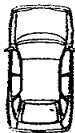
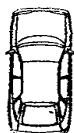
Make / Model : NISSAN QASHQAI-1.2 DIG-T (A)Excess Sec II :S\$ _____ D.O.A : 31/10/2020 19:30Place of Accident : TRAFFIC JUNCT YISHUN CENTRAL 1 & YISHUN CENTRAL 2

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : BENEDICT CHUA SONG SHING

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SLX 6771A →INSRS:
WSP: **Accord Auto**
Tel : **Services**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SLX 6771A - X	SLT 1197L - X	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:	☐
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: _____				