

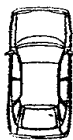
Surveyor: **Marcus**

DOI: ASSIGNMENT
04/11/2020

Date / Time : 04/11/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 4653J

Claim No. :

Name of Insured : SOONG POULTRY PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 31/10/2020

Place of Accident :

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

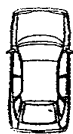
If **NO**, Driver Name / Age :

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

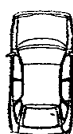
Driver Tel No. : (V/L: **YES**/ NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers	100		
4. Employment Practices	100		
5. Fidelity	100		
6. Cyber Liability	100		
7. Umbrella	100		
8. Commercial Auto	100		
9. Workers Compensation	100		
10. Health Insurance	100		
11. Disability Insurance	100		
12. Life Insurance	100		
13. Bonding	100		
14. Other	100		

GBG 6586B



INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	GBG 6586B : NA/QBE20011940/h4 ; DOA : 31/10/2020 YP 4653J :		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 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 ☐ 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 + LOU ☐ [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 ☐ Cal ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		