

ASSIGNMENT

Surveyor: ADRIAN

DOI: _____

Date / Time : 04/11/2020Registered in Merimen: 04/11/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 2533E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 02.11.2020 00:15

Place of Accident : _____

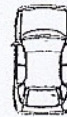
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

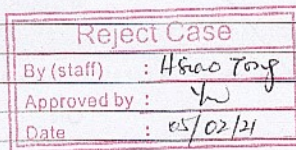
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

Insured Liability : % Final ? Yes / No

SLE 2979UINSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLE 2979U - X	Non-Reporting ltr (1st):	
SHC 2533E - CC3/AIG11016245/M1a2gk2 ; 04/08/2011	Non-Reporting ltr (2nd):	
CC3/III17010602/M1wa3q2 ; 27/05/2017	Non-Reporting ltr (Final):	
CC4/III18014508/T1ga3q2 ; 07/08/2018	Notification ltr (if non-pickup):	
CS/III14023890/M1td1 ; 23/12/2014	Call OI:	
CS/INC09011088/Yn ; 19/05/2009	After call ltr to OI:	
NA/MSG13004497/s2 ; 01/03/2013	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:	
	Post-Repair Photos:	
	Others:	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>4600.00</u> (<u>05</u> days) Reduction: <u>73</u> %	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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent) ✓		
Legal Cost S\$ _____		
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: _____		



20/11/2020 - Reject TP claim.

1) Claim status: Normal/Reject/Private Settle (up)
2) Report Format: TP
3) Survey fee: \$450.00