

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 06/11/2020Registered in Merimen: 06/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMR 3218X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

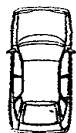
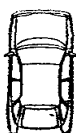
Excess Sec II :S\$ _____ D.O.A : 01.11.2020 11:20Place of Accident : C/P LOT OUTSIDE 16 JALAN LEBAN

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**SJP 5382LINSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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Tel :
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RMKS:

Date/ Time																																																																	
	<u>SJP 5382L -X</u>	<u>SMR 3218X - X</u>	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> <td>Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td></td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td><td>☐</td></tr> </tbody> </table>	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:		☐	Post-Repair Photos:	☐	☐	Others:	☐	☐
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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 ☐ Call ☐																																																														
Final Liability:	% _____	(Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____																																																														
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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: _____																																																															