

ASSIGNMENT

Surveyor:

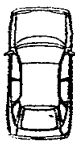
KENNETH

DOI: 09/11/2020

Date / Time : 06/11/2020

Registered in Merimen: 09/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 4182Y

Claim No. : 8407746683SG

Name of Insured : GOLD VALLEY PTE LTD

Policy No. : 1800077585

Insured Tel No. : HP: _____

Make / Model : NISSAN URVAN

Excess Sec II :\$ D.O.A : 05/11/2020 14:40

Place of Accident : PIE (TUAS) BEFORE CLEMENTI ROAD EXIT

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

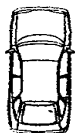
If NO, Driver Name / Age : NG CHEE SHENG

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

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

Insured Liability : % Final ? Yes / No

SKA 3288G

INSRS:
WSP: MBM
Tel : WHEELPOWER
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKA 3288G - CC4/AXA16005842/Fpb3q2 ; 28/03/2016 CC6/AIG12022453/Ga2a3w2 ; 12/11/2012 CS3/LIP16005886/Fqh3d1 ; 28/03/2016 CS3/LIP16005886/Fqh3d1-1 ; 28/03/2016 NA/MSG12022263/s2 ; 12/11/2012	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	GBB 4182Y - X	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: _____		