

Surveyor:

Adrian

DOI:

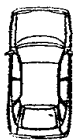
ASSIGNMENT

11/11/2020

Date / Time : 13/11/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 4598X

Claim No. :

Name of Insured : SEA KING FISH TRADE

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 09/11/2020

Place of Accident :

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

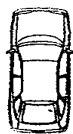
If **NO**, Driver Name / Age :

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 Liability	100		
4. Employment Practices Liability	100		
5. Cyber Liability	100		
6. Umbrella Liability	100		
7. Commercial Auto Liability	100		
8. Watercraft Liability	100		
9. Aircraft Liability	100		
10. Marine Liability	100		
11. Construction Liability	100		
12. Pollution Liability	100		
13. Boiler and Machinery	100		
14. Fidelity and Bond	100		
15. Health and Safety	100		
16. Crime Insurance	100		
17. Terrorism Insurance	100		
18. Other Insurance	100		
19. Total	100		

SKW 8304U



INSRS:
WSP:
Tel : ACE AUTOLUTION
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKW 8304U : X ; GZ 4598X : X		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:	