

**ASSIGNMENT**

Surveyor: STEVE DOI: 18/11/2020 Date / Time : 18/11/2020  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : XD 9748L Claim No. : 20/20/20/VC00/023915  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/11/2020 1620 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**

SLW 6968E →



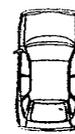
INSRS:  
WSP: Glockewerke  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLW 6968E - X	XD 9748L - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by: <u>CTY</u>	
Repair Cost: <u>L/S</u> S\$ <u>6,050.00</u>	( <u>8</u> days) Reduction: <u>69</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <u>21.10.21</u>	Confirm with <u>LYNN</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>15</u>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>6,050.00</u>	<u>OID CHANGED LANE HIT TP</u>			
Loss of Rental (LOR): S\$ <u>-</u>	( <u>  </u> days)			
Loss of Use (LOU): S\$ <u>900.00</u>	( \$ <u>100</u> x <u>9</u> days)			
Loss of Income (LOI): S\$ <u>-</u>	( \$ <u>  </u> x <u>  </u> days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <u>-</u>				
Medical: S\$ <u>-</u>			1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ <u>-</u>	(e.g. Tow/ Independent )		2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>			3) Survey fee: <u>\$400</u>	
<b>Total:</b> S\$ <u>6,950.00</u>	<b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b> Date/Time: <u>21.10.21</u>	Confirm with: <u>LYNN</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>6,950.00</u>	Name 1: <u>GLOCKEWERKE</u>			
Payee 2: (Strike if N.A.) S\$ <u>  </u>	Name 2: <u>  </u>			
Payee 3: (Strike if N.A.) S\$ <u>  </u>	Name 3: <u>  </u>			