

ASSIGNMENT

Surveyor:

RASUL

DOI:

24/11/2020

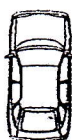
Date / Time :

23/11/2020

Registered in Merimen:

23/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKF 6078A

Claim No. : _____

Name of Insured : JENS STOLTE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/11/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

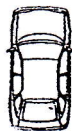
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

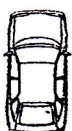
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

FV 1830C


 INSRs:
 WSP: SOUTHERN
 Tel: MOTOR
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		STAGE	DATE / PIC
	FV 1830C : X ; SKF 6078A : X	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:	☐ ☐

Reject Case
 By (staff) : Cecilia
 Approved by : *[Signature]*
 Date : 08/02/21

* Reject case : *

Both parties travelling on single lane.
 TPV try to overtake OIV from the right and
 caused the collision instead of patiently
 following OIV at the back.

7/1/21 - Rejection email to TP. (mv new to sign + chop)

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with: \$983.10 51	Confirm by:
Repair Cost: 46	S\$ 1070.00 950.00 (3 days) Reduction: 889.10 % 46.		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0 (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 + LC ☐ [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: <i>Reject</i>
Legal Cost	S\$		3) Survey fee: <i>\$320.00.</i>
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:	