

ASSIGNMENTSurveyor: **NAZ**DOI: **11/12/2020**Date / Time : **11/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJZ 4055K**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **09/12/2020 18:25**Place of Accident : **YISHUN RING ROAD**

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

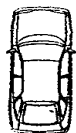
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

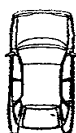
Final ? Yes / No**SH 9775X**

INSRS:

WSP: **CDGE**Tel : **LOYANG**

Liability:

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		
	SH 9775X - CC3/AXA11006876/H1w2u2k2 ; 12/04/2011	STAGE
	CC3/CTI16003949/H1hg3n2 ; 26/02/2016	DATE / PIC
	CC6/III15015481/Aja3n2 ; 11/09/2015	Non-Reporting ltr (1st):
	CC6/III18009172/Aeb3q2 ; 11/05/2018	Non-Reporting ltr (2nd):
	CC6/III19001781/Uea3q2 ; 26/01/2019	Non-Reporting ltr (Final):
	NA/INC08021285/r ; 28/07/2008	Notification ltr (if non-pickup):
	NS/INC17007971/H1gh3n2 ; 20/04/2017	Call OI:
	SME 3821Y - NA/AIG19021016/h4 ; 26.11.2019	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: _____	