

ASSIGNMENT

CC4/AIG20014678/Kpa3

Surveyor:

Kenneth

DOI: 30/12/2020

Date / Time : 29/12/2020

Registered in Merimen: 29/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : FBN 6789X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 29.12.2020 11:15

Place of Accident : PIONEER SECTOR 2

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

SLQ 4119J


 INSRs:
 WSP: HUI YANG
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SLQ 4119J- X	FBN 6789X - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
21/05/2021	Pls refer to Views for details.		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: L/sum S\$ 3,650.00 (3 days) Reduction: 51 %			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 WP	
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost S\$			3) Survey fee: \$290.00	
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: _____				