

ASSIGNMENT

Surveyor:

Adrian

DOI:

27/01/2021

Date / Time :

28/01/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGD 1133P

Claim No. : _____

Name of Insured : HENG KOON SENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/01/2021

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

SJR 637A

INSRS:
WSP:
Tel : SUCCESS UNITED
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJR 637A : X ; SGD 1133P : 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:		
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> Reject Case By (staff) : <i>Imper</i> Approved by : <i>Vu</i> Date : 10/08/21 </div>		Documentation Check List: Handler Typist		
			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"/>		
10/08/2021	REJECT TP CLAIM		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	
			Others:	<input type="checkbox"/> <input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____					
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____					
Repair Cost: L/S	S\$ 1,350.00	(3 days)	Reduction: 37.65 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>					
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]				
GIA/LTA Search	S\$				
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$	(e.g. Tow/ Independent)			
Legal Cost	S\$	2) Report Format:			
		3) Survey fee: \$320.00			
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>					
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			