

ASSIGNMENTSurveyor: XGQDOI: 22/02/2021Date / Time : 08/02/2021Registered in Merimen: 08/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMU 8171Y

Claim No. : _____

Name of Insured : YAN ZHENG WEI CHRISTOPHER

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/02/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SHD 1153U**INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 1153U : CF/AIG08023433/gw ; DOA : 05/08/2008	STAGE
	SMU 8171Y : X	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:
		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:
Repair Cost: S\$	(_____ days) Reduction: _____ %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Cal ☐
Repair Cost: S\$		If NO or B 28, Ass. Lia :
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 + LO ☐ [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 ☐ Cal ☐
Payee 1: S\$	Name 1: _____	
Payee 2: (Strike if N.A.) S\$	Name 2: _____	
Payee 3: (Strike if N.A.) S\$	Name 3: _____	