

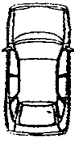
## ASSIGNMENT

Surveyor: XGQ

DOI: 23/02/2021

Date / Time : 19.02.2021

Registered in Merimen: 19.02.2021

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **GBK 4017U**

Claim No. : \_\_\_\_\_

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$S\$ D.O.A : 13.02.2021

Place of Accident : \_\_\_\_\_

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

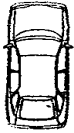
If **NO**, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO )

Insured Liability :	%	<b>Final ? Yes / No</b>
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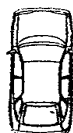
XB 7439C



INRS:  
WSP: **RYDER**  
Tel : **AUTO**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time						
	XB 7439C - X		GBK 4017U - 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:	
22/10/2021	Pls refer to VIEWS for details.				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"/>	
	*III repudiated claim				Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>	
	*Submit WP to III				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"/>	
PRELIMINARY ADVICE			Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>	
					Others: <input type="checkbox"/> <input type="checkbox"/>	
FINALIZATION			Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum			S\$ 5,500.00	( 6 days) Reduction: 80 %	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 /WP	
Disbursement:			S\$	(e.g. Tow/ Independent )	2) Report Format: TP	
Legal Cost			S\$		3) Survey fee: \$450.00	
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:		