

ASSIGNMENT

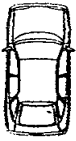
Surveyor: KENNETH

DOI: 24/02/2021

Date / Time : 24/02/2021

Registered in Merimen: 24.02.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 431Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/02/2021 14:05

Place of Accident : _____

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

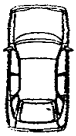
If NO, Driver Name / Age : _____

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

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

Insured Liability : _____ % **Final ? Yes / No**

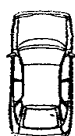
SHD 5151Z → _____ → _____ → _____



INSRS: _____
WSP: **TRANS-CAB**
Tel : _____
Liability **AUTO**
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

| Date/ Time | | STAGE | DATE / PIC |
|-----------------------------------|--|---|--|
| | <u>SHD 5151Z - CC3/AXA16004337/Kba3s2-1 ; 03/03/2016</u> | Non-Reporting ltr (1st): | |
| | <u>CC3/AXA16004337/Kzb3s2 ; 03/03/2016</u> | Non-Reporting ltr (2nd): | |
| | <u>GBH 431Z - X</u> | 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) | <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"/> |
| 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: | S\$ _____ (_____ days) Reduction: _____ % | 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) | 2) Report Format: | |
| Legal Cost | S\$ _____ | 3) Survey fee: | |
| 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: _____ | | |