

ASSIGNMENT

Surveyor:

KENNETH

DOI:

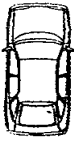
17/03/2021

Date / Time :

16/03/2021

Registered in Merimen:

16/03/2021

Pre-assign / CCU / FTEInsured Vehicle No. : SJJ 21TClaim No. : 3550904087SGName of Insured : PREMIUM AUTOMOBILES PTE LTDPolicy No. : 999993762

Insured Tel No. : _____ HP: _____

Make / Model : Audi A8Excess Sec II :\$ _____ D.O.A : 12/03/2021 17:00Place of Accident : INFRONT OF NOVENA VELOCITY

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

If NO, Driver Name / Age :

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

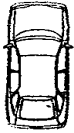
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SJJ 21TSKE 1155ZSHB 4948J

INSRS:

WSP:

Tel :

Liability :

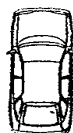
RMKS: OI

INSRS:

WSP:

Tel :

Liability :

RMKS: TP

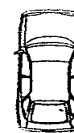
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKE 1155Z - XSJJ 21T - CC3/AIG21003414/Atd3 ; 12.03.2021**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:

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

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

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

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: