

**ASSIGNMENT**

Surveyor: KENNETH

DOI: 25/03/2021

Date / Time : 25/03/2021

Registered in Merimen: 25/03/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SGA 8866C

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

Name of Insured : ONG KAY CHEW

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 23/03/2021 07:45

Place of Accident : CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG

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

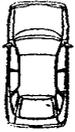
If NO, Driver Name / Age :

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

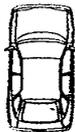
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

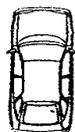
**SMR 4451G**



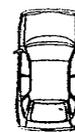
INSRS: \_\_\_\_\_  
WSP: **Caris**  
Tel : **Autoworks**  
Liability **Pte Ltd**  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	<b>SMR 4451G - X</b>	Non-Reporting ltr (1st):	
	<b>SGA 8866C - NA/TMI18016007/z4 ; 01.09.2018</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	_____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Sent By: _____	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	_____	Confirm with:	Confirm by: _____
Repair Cost:	S\$ _____ ( _____ days) Reduction:		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> 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:
<b>Total:</b>	<b>S\$ _____</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> 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:	_____