

ASSIGNMENT

Surveyor: TAUFIKH DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SBS 6511D Claim No. : D21000963MFBP
 Name of Insured : _____ Policy No. : D-20096309MFBP
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 23/03/2021 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 : % **Final ? Yes / No**

SBS 8518Y



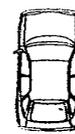
INSRS:
WSP: SBS TRANSIT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SBS 8518Y - X	SBS 6511D - X	Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			Call OI:
			After call ltr to OI:
12/08/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT WP AS PER FCI INSTRUCTIONS		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: P/P S\$ 9,977.00 (10 days) Reduction: 0 %			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: \$422.00
Total: S\$		Global Sum S\$:	\$170.00 + \$102.00 + \$50.00 + \$50.00 + \$50.00
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:	