

ASSIGNMENT

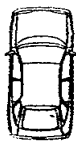
Surveyor:

ADRIAN

DOI:

Date / Time : **27/04/2021**

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **GX 1523S**Claim No. : **21/21/21/VC05/024493**

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : **25/04/2021**

Place of Accident :

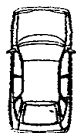
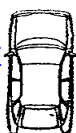
Is driver the owner? (YES / NO) Nature of Accident :

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****SMU 9105H**INSRS:
WSP: **GLOCKEWERKE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMU 9105H - X		GX 1523S - 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:	
					Documentation Check List:	Handler
					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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:			Post-Repair Photos:	☐
					Others:	☐
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:				