

**ASSIGNMENT**

Surveyor: XGQ DOI: 18/05/2021 Date / Time : 14/05/2021

Registered in Merimen: 14/05/2021

**Pre-assign / CCU / FTE**

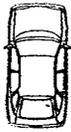


Insured Vehicle No. : GBE 3654T  
 Name of Insured : ONG YOW GEN RENOVATION  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 12/05/2021  
 Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

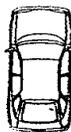
Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

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**

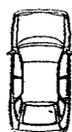
**SLT 5063M**



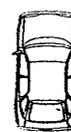
INSRS:  
 WSP: KENT SENG  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



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



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



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

Date/ Time		STAGE	DATE / PIC
	SLT 5063M : X ; GBE 3654T : 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:	
		<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"/>
14/09/2021	SUBMIT WP AS PER AIG INSTRUCTION.	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
 Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: L/S S\$ **\$3,050.00** ( 5 days) Reduction: **\$6,438.22 % 68** Email  Call

**FINAL SETTLEMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
 Final Liability: % **80** (Agreed / Assessed) BOLA S/N No. : **NIL** 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 + LO  **[Tick only one]**  
 GIA/LTA Search S\$ \_\_\_\_\_  
 Medical: S\$ \_\_\_\_\_  
 Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost S\$ \_\_\_\_\_  
 1) Claim status:  Normal/Reject/Private Settle  
 2) Report Format: **WP**  
 3) Survey fee: **\$290.00**

**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: \_\_\_\_\_