

ASSIGNMENT

Surveyor: Naz

DOI: 08/06/2021

Date / Time : 09/06/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 6478S

Claim No. :

Name of Insured : KOH CHEE SIONG DEREK

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 05/06/2021

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**

SH 7750E



INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 7750E : CC3/AIG15008583/H1ja3n2 ; DOA : 20/05/2015	Non-Reporting ltr (1st):	
	SJT 6478S : CS3/AIG21006449/Vvf3 ; DOA : 05/06/2021	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)	<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"/>
PRELIMINARY ADVICE	Date/Time: <u> </u> Sent By: <u> </u>	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: <u> </u> Confirm with: <u> </u>	Confirm by:	<u> </u>
Repair Cost:	S\$ <u> </u> (<u> </u> days) Reduction: <u> </u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u> </u> Confirm with <u> </u>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u> </u> (Agreed / Assessed) BOLA S/N No. : <u> </u>	If NO or B 28, Ass. Lia : <u> </u>	
Repair Cost:	S\$ <u> </u>		
Loss of Rental (LOR):	S\$ <u> </u> (<u> </u> days)		
Loss of Use (LOU):	S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
Loss of Income (LOI):	S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <u> </u>		
Medical:	S\$ <u> </u>	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ <u> </u> (e.g. Tow/ Independent)	2) Report Format: <u> </u>	
Legal Cost	S\$ <u> </u>	3) Survey fee: <u> </u>	
Total:	S\$ <u> </u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time: <u> </u> Confirm with: <u> </u>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u> </u> Name 1: <u> </u>		
Payee 2: (Strike if N.A.)	S\$ <u> </u> Name 2: <u> </u>		
Payee 3: (Strike if N.A.)	S\$ <u> </u> Name 3: <u> </u>		