

ASSIGNMENT

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 29/06/2021Registered in Merimen: 29/06/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMV 9915G

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

Name of Insured : KENNETH LIM DAO XIANGPolicy No. : 2070152689Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 26.06.2021 19:23Make / Model : Kia StonicPlace of Accident : TAMPINES NORTH DRIVE 1

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

SGJ 8558UINSRS:  
WSP: CAS GARAGE  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	SGJ 8558U - X	SMV 9915G - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
12/08/2021	PLEASE REFER TO VIEWS FOR DETAILS		After call ltr to OI:	
	*TP WITHDRAW CLAIM**NO SURVEY DONE		Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %				
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	
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 <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: _____				

13-08-21 to close file. No survey done.

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