ASSIGNMENT

Surveyor: _____	DOI: _____	Date / Time :	**06/07/2021**
		Registered in Merimen:	

Pre-assign / CCU / FTE

Insured Vehicle No. : **YP 7732U**	Claim No. : _____	
Name of Insured : _____	Policy No. : _____	
Insured Tel No. : _____ HP: _____	Make / Model : _____	
Excess Sec II :S$ _____ D.O.A : **02/07/2021 17:55**	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**	

SLP 5672B ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **Borneo**	WSP:	WSP:	WSP:
Tel : **Motors**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLP 5672B - CC4/ASM18014200/Gga3q2 ; 30/07/2018	Non-Reporting ltr (1st):	
	NBA/AIG19000105/Y ; 31/12/2018	Non-Reporting ltr (2nd):	
	YP 7732U - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
07/12/2021	TO CANCEL CASE. NO SURVEY DONE.	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		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:	