

ASSIGNMENT

Surveyor:

RASUL

DOI: 02/08/2021

Date / Time : 02/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SML 4622L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 30/07/2021

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : %

Final ? Yes / No

SHC 3782X



INSRS:

WSP: CDGE LOYANG

Tel : _____

Liability : _____

RMKS:



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS:



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS:



INSRS:

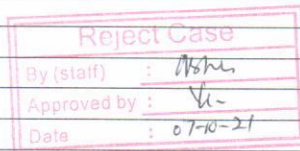
WSP: _____

Tel : _____

Liability : _____

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 3782X - CC3/AIG07000430/Vtn; 13/08/2007	Non-Reporting ltr (1st):	
	CC3/CAI13012509/M1em3q2; 09/07/2013	Non-Reporting ltr (2nd):	
	CC3/CTI17003456/H1da3n2; 16/02/2017	Non-Reporting ltr (Final):	
	CC6/III15004416/Gwa3q2; 27/01/2015	Notification ltr (if non-pickup):	
	NS/INC09022211/Ch; 01/10/2009	Call OI:	
	SML 4622L - NA/LIP20000474/h4; 06.01.2020	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:	☐ ☐
06.10.21	** APPROVAL FROM CTI TO REJECT TP CLAIM	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐



PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	P/P S\$ 1,395.44	(3 days) Reduction:	43 %
FINAL SETTLEMENT		Date/Time:	Confirm with:
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	