

**ASSIGNMENT**

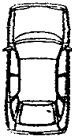
Surveyor: Kenneth

DOI: 30/08/2021

Date / Time : 26/08/2021

Registered in Merimen: 26/08/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : EP 9800E

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

Name of Insured : TAN CHWEE KEE

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 05/08/2021

Place of Accident : \_\_\_\_\_

Is driver the owner? (  YES / NO ) Nature of Accident : \_\_\_\_\_

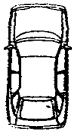
If NO, Driver Name / Age : \_\_\_\_\_

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

Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

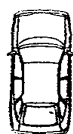
**SBW 8383Y**



INSRS:  
WSP: HWA SENG  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SBW 8383Y : CC4/EQ14003159/Gsy3w2 ; DOA : 10/02/2014		<b>STAGE</b>	<b>DATE / PIC</b>
	EP 9800E : 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"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$ _____	( _____ days) Reduction:	% _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with	Email <input type="checkbox"/> Cal <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 + LO <input type="checkbox"/>	<b>[Tick only one]</b>			
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:
<b>Total:</b>	<b>S\$ _____</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Cal <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:		