

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 08/09/2021  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

 Insured Vehicle No. : SBS 6356K Claim No. : D21002504MFBP  
 Name of Insured : TOWER TRANSIT SINGAPORE PTE LTD Policy No. : D-21097502MFBP  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A : 03/09/2021 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

XE 4409T → → → → →

 INSRs: WSP: WOON MENG  
 Tel : MOTOR  
 Liability: PTE LTD  
 RMKS: \_\_\_\_\_  
 INSRs: WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_  
 INSRs: WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_  
 INSRs: WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	XE 4409T - X	SBS 6356K - X
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
<u>09/09/2021</u>	Notification ltr (if non-pickup):	
Please be informed that your client's insurer, Ergo Insurance, has already settled our Insured's property damage claim in full.	Call OI:	
Hence, we are unable to consider your client's claim.	After call ltr to OI:	
Thank you.	<b>Documentation Check List:</b> Handler Typist	
Regards Esther Lim	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
Please withdraw PRI assignment.	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
Thank you.	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
Regards Esther Lim	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"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Confirm with: _____	Confirm by: _____
<b>FINALIZATION</b> Date/Time: _____	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"/> 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: _____	
<b>Total:</b> S\$ _____	<b>Global Sum S\$:</b> _____	
<b>FINAL PAYMENT</b> 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: _____	