

**ASSIGNMENT**

Surveyor: Rasul DOI: 07/10/2021 Date / Time : 07/10/2021

Registered in Merimen:     

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SDT 67E

Claim No. :                     

Name of Insured : LAU TZE YING

Policy No. :                     

Insured Tel No. :                      HP:                     

Make / Model :                     

Excess Sec II :\$                      D.O.A : 01/10/2021

Place of Accident :                     

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

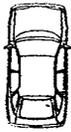
If NO, Driver Name / Age :                     

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

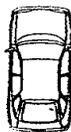
Driver Tel No. :                      (V/L:  YES / NO )

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

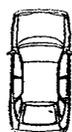
**SLZ 6206E**



INSRS:  
WSP: AP AUTOMOTIVE  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLZ 6206E : NA/CTI21010220/T1 ; DOA : 01/10/2021	
	SDT 67E : CC4/FWD20003027/Aba3q2 ; DOA : 20/02/2020	
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

**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 + LO  **[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:                      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: