

ASSIGNMENT

Surveyor: XGQ DOI: 18/10/2021 Date / Time : 15/10/2021
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : FBG 9775C Claim No. : D21002213MFCE
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 21-07-2021 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**

GBC 8290L → _____ → _____ → _____



INSRS:
WSP: ETHOZ GROUP LTD
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
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Date/ Time		STAGE	DATE / PIC
	GBC 8290L - X	Non-Reporting ltr (1st):	
	FBG 9775C - NBA/GAI19005093/Y ; 15.12.2018	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>29/10/2021</u>	<u>Pls refer to VIEWS for details.</u>	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
	<u>*Submit WP to MS FCI</u>	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	<u>*MS FCI handle claim directly</u>	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"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/sum</u> S\$ <u>1,100.00</u> (<u>4</u> days) Reduction: <u>41</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT 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: <u>Normal/Reject/Private Settle /WP</u>	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$		3) Survey fee: <u>\$226.00</u>	
Total: S\$	Global Sum S\$:		(\$100 + \$50 + \$50 + \$26)
FINAL PAYMENT 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:		