

ASSIGNMENT

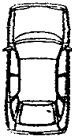
Surveyor: Steve

DOI: 20/10/2021

Date / Time : 18/10/2021

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 5761U
 Name of Insured : ROTARY ENGINEERING PTE. LTD.

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 20/09/2021

Place of Accident : _____

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

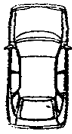
If NO, Driver Name / Age : _____

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

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

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

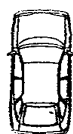
SMQ 413Z



INSRS: _____
 WSP: WAH HONG
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	SMQ 413Z : X ; GBB 5761U : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List: Handler Typist	
			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"/>
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:	\$ \$	(_____ days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	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:	\$ \$			
Loss of Rental (LOR):	\$ \$	(_____ days)		
Loss of Use (LOU):	\$ \$	(\$ x _____ days)		
Loss of Income (LOI):	\$ \$	(\$ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>				[Tick only one]
GIA/LTA Search	\$ \$			
Medical:	\$ \$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ \$	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$ \$			3) Survey fee:
Total:	\$ \$	Global Sum \$ \$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Payee 1:	\$ \$	Name 1:		
Payee 2: (Strike if N.A.)	\$ \$	Name 2:		
Payee 3: (Strike if N.A.)	\$ \$	Name 3:		