

Surveyor:

XGQ

DOI:

ASSIGNMENT

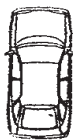
17/11/2021

Date / Time :

18/11/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 751X

Claim No. :

Name of Insured : HT EXPRESS LOGISTICS PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A:05/11/2021

Place of Accident :

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

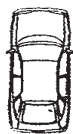
If **NO**, Driver Name / Age :

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

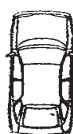
Driver Tel No. : (V/L: **YES**/ NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers	100		
4. Employment Practices	100		
5. Fidelity	100		
6. Cyber Liability	100		
7. Umbrella	100		
8. Commercial Auto	100		
9. Aircraft	100		
10. Watercraft	100		
11. Marine	100		
12. Boiler and Machinery	100		
13. Pollution	100		
14. Contractual	100		
15. Surety	100		
16. Other	100		

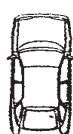
SMR 8853D



INRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SMR 8853D : X ; YN 751X : 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)	☐	☐
			After call ltr to OI:	☐	☐
			Authorisation To Act:	☐	☐
			Release Voucher:	☐	☐
			Final Repair Bill:	☐	☐
			Car Rental Invoice:	☐	☐
			Towing Invoice	☐	☐
			LTA / GIA :	☐	☐
			Medical Bill:	☐	☐
			PIR:	☐	☐
			Mandate/Reject Instruction:	☐	☐
			LOD	☐	☐
			Payment Breakdown Form:		☐
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	☐	Cal ☐
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 + LC ☐	[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:		
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email	☐	Cal ☐
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			