

ASSIGNMENT

Surveyor: Kenneth

DOI: 22/11/2021

Date / Time : 24/11/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SBY 223T

Claim No. : _____

Name of Insured : LEE TEE YOUNG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03/11/2021

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

SMX 6857A



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMX 6857A : CS/ICS21004841/Kqf3n2 ; DOA : 13/04/2021 SBY 223T : X	
		Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:
13/12/2021	PLEASE REFER TO VIEW FOR MORE DETAILS *SUBMIT REJECT AS PER CTI INSTRUCTIONS	
		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"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

Reject Case
 By (staff) : Justin
 Approved by : Yuv
 Date : 16/12/21

PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P S\$ <u>5,631.23</u> (<u>4</u> days, Reduction: <u>72</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\$		
Disbursement: S\$ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$		2) Report Format: <u>TP</u>
Total: S\$ Global Sum S\$:		3) Survey fee: <u>400.00</u>
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:		