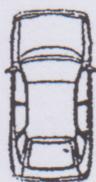## ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **01/12/2021**

Registered in Merimen: **01/12/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLF 9457H**   Claim No. : _____

Name of Insured : **SHARON CHIA SOO SIANG**   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **30/11/2021**   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**

SLU 8204Z →   →   →

INSRS: WSP: **LIM TAN** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLU 8204Z : X SLF 9457H : CC6/AIG18014968/Uda3q2 ; DOA : 14/08/2018	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
7/2/22	Tp repairer inform that their client will handle the claim on his own. RM instruct to close case. No survey done. Mr yew to sign.	Notification ltr (if non-pickup)	☐	☐
		After call ltr to OI:	☐	☐
		Authorisation To Act:	☐	☐
		Release Voucher:	☐	☐
		Final Repair Bill:	☐	☐
		Car Rental Invoice:	☐	☐
	Reject Case By (staff) : **CECILIA** Approved by : ___ Date : **14/02/22**	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: _____ Email ☐ Call ☐

Repair Cost: S$ _____ (___ days` Reduction: ___ %

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 + LO ☐ **[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: