

**ASSIGNMENT**

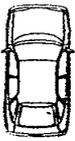
Surveyor: Lim Teow Guan

DOI: 14/12/2021

Date / Time : 13/12/2021

Registered in Merimen: 13/12/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLW 1250A

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 07/12/2021

Place of Accident : \_\_\_\_\_

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

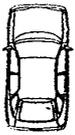
If NO, Driver Name / Age : \_\_\_\_\_

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

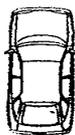
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

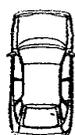
**SJP 991L**



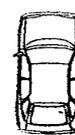
INSRS: \_\_\_\_\_  
WSP: **ACCIDENT ASSIST SG**  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	<b>SJP 991L - NA/INC12022915/s2 ; 27.11.2012</b>	Non-Reporting ltr (1st):	
	<b>SLW 1250A - X</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <b>L/Sum</b> S\$ <b>2,500.00</b> ( <b>5</b> days) Reduction: <b>81</b> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>15/03/2023</b> Confirm with <b>Ray</b>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>Nil</b>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <b>2,500.00</b>			
Loss of Rental (LOR): S\$ _____ ( _____ days)			
Loss of Use (LOU): S\$ <b>300.00</b> (\$ <b>60</b> x <b>5</b> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <b>7.45</b>			
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Sec'd	
Disbursement: S\$ _____ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost S\$ _____		3) Survey fee: <b>\$320</b>	
<b>Total:</b> S\$ <b>2,807.45</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <b>2,807.45</b>	Name 1: <b>ACCIDENT ASSIST SG</b>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		