

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 06/01/2022

Registered in Merimen: 06/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 9443G
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$S\$ _____ D.O.A : 05/01/2022
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

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

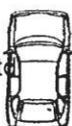
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

PA 977L



INSRS: _____
 WSP: HD Perfect
 Tel : Autowork Pte. Ltd
 Liability : _____
 RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	PA 977L - X	Non-Reporting ltr (1st):	
	GBC 9443G - CS/LAW16010660/Agh3d1 : 19/08/2014	Non-Reporting ltr (2nd):	
	NA/AIG14015825/r3; 19/08/2014	Non-Reporting ltr (Final):	
	NA/MSG15006046/r3; 09/04/2015	Notification ltr (if non-pickup):	
18/1/22	We refer to your email dated 18/01/2022.	Call OI:	
	Kindly note we have proceeded the mutual settlement with JP Knights.	After call ltr to OI:	
	Hence, please withdraw the 3rd Party claim from our workshop.	Documentation Check List: Handler Typist	
		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"/>
	Thank You.	Final Repair Bill:	<input type="checkbox"/>
	Regards,	Car Rental Invoice:	<input type="checkbox"/>
	Irene	Towing Invoice	<input type="checkbox"/>
	Mobile: 8297 9787	LTA / GIA :	<input type="checkbox"/>
19/1/22	TO CANCEL CASE. NO SURVEY DONE.	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"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S\$	(days) Reduction:	% 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\$		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 <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:	