

ASSIGNMENTSurveyor: **XGQ**DOI: **15.3.2022**Date / Time : **14.03.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XD 9478R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **12.03.2022 16:30**

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

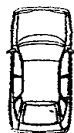
If **NO**, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

Final ? Yes / No**SHA 9983D**

INSRS:

WSP: **CDGE**Tel : **LOYANG**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time					
	SHA 9983D- CC3/AIG10004098/Cp2q1p2; 28/02/2010	STAGE	DATE / PIC		
	CC3/AIG17002690/H1pa3s2; 04/02/2017	Non-Reporting ltr (1st):			
	CC3/QBE16020557/H1pa3n2; 26/10/2016	Non-Reporting ltr (2nd):			
	CS/FCI15017641/vbXX; 11/10/2015	Non-Reporting ltr (Final):			
	CS/FCI17009586/Urb2; 16/05/2017	Notification ltr (if non-pickup):			
	CS/FCI17009587/Urbe2; 16/05/2017	Call OI:			
	CS/FCI17009588/Ugh3n2; 16/05/2017	After call ltr to OI:			
	NA/AIG17004421/h4; 04/02/2017	Documentation Check List:	Handler	Typist	
	XD 9478R - X	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 ☐	Call ☐	
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 + LOI ☐	[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:		
			3) Survey fee:		
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			