

ASSIGNMENT

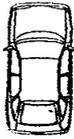
Surveyor: ADRIAN

DOI: 22/04/2022

Date / Time : _____

Registered in Merimen: 25/04/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 663U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 04/04/2022 07:20

Place of Accident : Blk 55 Marine Terrace Rd Near Car Park Entry/Exit Opposite Marine Parade Fire Post

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

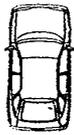
If NO, Driver Name / Age : _____

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

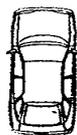
Driver Tel No. : _____ (V/L: YES / NO)

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

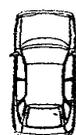
SMQ 200X



INSRS:
WSP: **SUCCESS**
Tel : **UNITED**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SMQ 200X - X | SKG 663U - X | STAGE | DATE / PIC |
|---|------------------------|--------------|--|--------------------------|
| | | | 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 | |
| | | | 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"/> |
| | | | 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: L/Sum S\$ 1,350.00 (3 days) Reduction: 47 % | | | 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: WP | |
| Legal Cost S\$ | | | 3) Survey fee: 290 | |
| 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: | | | |