ASSIGNMENT
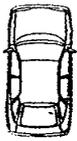
Surveyor: _____ DOI: _____ Date / Time : 30.05.2022

Registered in Merimen: 30.05.2022

Pre-assign / CCU / FTE
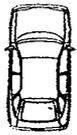
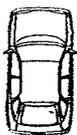|	
Insured Vehicle No. : SJP 4089R	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : 26.05.2022 07:05	Place of Accident : ALONG ANG MO KIO AVE 1 & ANG MO KIO ST 22 T JUNCTION
Is driver the owner? (YES / 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**

SND 3111G → _____ → _____ → _____ → _____

INSRS: WSP: XIN HUA WORKSHOP PTE LTD Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:
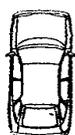
Date/ Time	SND 3111G - X	SJP 4089R - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
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:	☐	☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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$	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 ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: