

ASSIGNMENT

Surveyor:

TAUFIKHDOI: **07/06/2022**Date / Time : **07/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJZ 4272A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **04.06.2022**

Place of Accident : _____

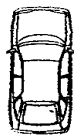
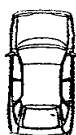
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SHD 3844X**INSRS: **CDGE**
WSP: **LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By DATE / PIC
SHD 3844X -	CC4/ASM22005428/Aea3 07/06/2022 SJZ 4272A SHD 3844X 04/06/2022 MTH
	NA/CTI22005373/T 06/06/2022 NG KIAN SHENG SJZ 4272A SHD 3844X 04/06/2022 MTH
SJZ 4272A -	CC4/ASM22005428/Aea3 07/06/2022 SJZ 4272A SHD 3844X 04/06/2022 MTH
	NA/CTI21005710/r3 11/05/2021 NG KIAN SHENG SJZ 4272A FBP 2926H 10/05/2021 21/05/2021 RBW
	NA/CTI22005373/T 06/06/2022 NG KIAN SHENG SJZ 4272A SHD 3844X 04/06/2022 MTH
	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: _____	