

ASSIGNMENT

Surveyor: KENNETHDOI: 29/06/2022Date / Time: 29/06/2022Registered in Merimen: 30.06.2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SND 8126G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 28.06.2022 15:35 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. :

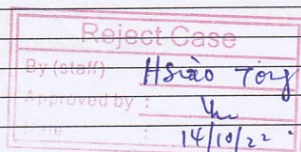
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 5309LINSRS:
WSP: TRANS-CAB
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 5309L -	CC3/AIG15003719/Kja3s2 30/10/2015 SHD 5309L SJN 830D 27/02/2015 03/11/2015 HMK	11/2015 HMK
	CC3/AIG15013248/Kya3n2 05/05/2016 SHD 5309L SJG 8797B 03/08/2015 05/2016 KYS	05/2016 KYS
	CC3/AXA12011645/Khc3f1 25/07/2012 SHD 5309L SGE 906G 02/06/2012 31/07/2012 TPL	31/07/2012 TPL
	CC3/FCI14008700/Kvbd1 16/05/2014 SHD 5309L SHD 6143R 27/11/2013 20/05/2014 GSK	20/05/2014 GSK
	CC3/FCI14023602/K1gbk3 03/03/2015 SHB 9693K SHD 5309L 19/12/2014 04/03/2015 CKL	04/03/2015 CKL
	CC3/TMI21007952/Kvcn2 06/08/2021 SHD 5309L SMK 7860B 23/07/2021 06/08/2021 FWL	06/08/2021 FWL
SND 8126G - X		
		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: <u>4mm</u>	S\$ <u>1450.00</u> (2 days) Reduction: <u>77</u> %	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)	
Legal Cost	S\$	
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: _____	

12/6/22 - Reject - P. Chen


 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$320.00