

ASSIGNMENT

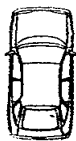
Surveyor: **ADRIAN**

DOI: 04/07/2022

Date / Time : 04/07/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJF 11T

Claim No. : SNM22D204600/C02/ SJF11T/LEWLC

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 30/06/2022

Place of Accident : _____

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

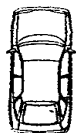
If **NO**, Driver Name / Age :

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

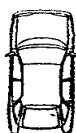
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

SJB 3888G



INRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time													
SJB 3888G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	STAGE Created By DATE / PIC												
CS/SMO22010713/Avf3n2 18/03/2022 SJB 3888G SMJ 5559R 18/01/2022 18/03/2022 18/03/2022													
SJT 11F - X													
	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:												
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:											