

**ASSIGNMENT**

Surveyor:

**MARCUS**DOI: **07/07/2022**Date / Time : **07/07/2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SBA 8000T**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **02/07/2022 12:30**Place of Accident : **Dunearn Rd, Singapore**

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

If NO, Driver Name / Age :

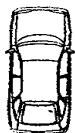
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

**Final ? Yes / No****SMJ 2509E****SBA 8000T****YN 2725J**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:**OI**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:**LIU'S BROTHER  
AUTO  
ENGINEERING  
WORKSHOP  
TP**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

**YN 2725J - X****SBA 8000T - CC6/AXA11024034/Khc3c1 ; 15.11.2021****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: