

ASSIGNMENT

Surveyor:

MARCUSDOI: **12/07/2022**Date / Time : **12/07/2022**Registered in Merimen: **12/07/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKX 4487X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **09/07/2022**

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****SKZ 8286Y**INSRS:
WSP: **FASTECH**
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		STAGE	DATE / PIC
SKZ 8286Y -	CC4/ASM18001142/Uwb3q2	13/11/2018	SLG 7134Y SKZ 8286Y	16/01/2018 13/11/2018 LSP
	NA/CT118000966/h4	16/01/2018	YONG ZHI GUANG, JAMES(YANG ZHIGUANG, JAMES)	SLG 7134Y SKZ 8286Y 16/01/2018 18/01/2018 LSH
	NA/CT121007699/r3	15/07/2021	GOH JIN AN, FRANCIS SKZ 8286Y GBK 5255S	14/07/2021 15/07/2021 RM
SKX 4487X -	NA/CT122006685/S	14/07/2022	DYNAMIC CAR RENTAL SKZ 8286Y SKX 4487X	09/07/2022 RM
			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\$			
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:		