

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 12/07/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 3091G Claim No. : 22/22/22/VC05/026002
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 05/07/2022 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**

GBH 8788S



INSRS:
WSP: **SMC AUTO**
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 | Created By | DATE / PIC |
|---|---|--|---|
| | GBH 8788S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close | Non-Reporting Itr (1st): | |
| | YQ 3091G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close | Non-Reporting Itr (2nd): | |
| | | Non-Reporting Itr (Final): | |
| | | Notification Itr (if non-pickup): | |
| | | Call OI: | |
| | | After call Itr to OI: | |
| | | Documentation Check List: Handler Typist | |
| | | Notification Itr (if non-pickup) | <input type="checkbox"/> <input type="checkbox"/> |
| | | After call Itr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | | |
| FINALIZATION | Date/Time: _____ Confirm with: _____ | Confirm by: | |
| Repair Cost: | S\$ (_____ days) Reduction: _____ % | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: _____ Confirm with _____ | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | S\$ Name 1: _____ | | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: _____ | | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: _____ | | |