

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	SMC	
	NBA/LPC22006439/Y 06/07/2022 JAYABARATHI VINOTHKUMAR YQ 3091G GBH 8788S	05/07/2022 RBA	
	YQ 3091G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	Non-Reporting Itr (1st):	
	NBA/LPC22006439/Y 06/07/2022 JAYABARATHI VINOTHKUMAR YQ 3091G GBH 8788S	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: CKS	
Repair Cost: P/P S\$ 520.00	(2 days) Reduction: 50 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 556.40			
Loss of Rental (LOR): S\$ -	(_____ days)		
Loss of Use (LOU): S\$ 240.00	(\$ 80 x 4 days)		
Loss of Income (LOI): S\$ -	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" 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 Sec'd	
Disbursement: S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$450	
Total: S\$ 796.40	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 796.40	Name 1: SMC AUTO ENGINEERING WORKS		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		