

**ASSIGNMENT**

Surveyor: TAUFIKH DOI: 22/06/2022 Date / Time : 22/06/2022  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SJJ 2670G Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : S\$** \_\_\_\_\_ D.O.A : 22/06/2022 10:15 Place of Accident : JLN EUNOS TOWARDS KAKI BUKIT  
 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**

**SHA 2667M**



INSRS: \_\_\_\_\_  
 WSP: **CDGE LOYANG**  
 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	Site	Created By	DATE / PIC
SHA 2667M -	CC3/AIG09004614/Cgj	26/03/2009	SHA 2667M SFQ	8391H	26/02/2009	27/03/2009	CPH	Non-Reporting ltr (1st):		
	CC3/AIG17016528/K1ub3q2	13/11/2017	SHA 2667M GU	4474X	23/08/2017	13/11/2017	LSP	Non-Reporting ltr (2nd):		
	CS/ASM21001901/Aqf3e2	26/03/2021	SGZ 35E	SHA 2667M	06/02/2021	05/04/2021	LSP	Non-Reporting ltr (Final):		
SJJ 2670G - X	CS/FCI14011299/M1bu2	17/07/2014	SHC 8841B	SHA 2667M	11/06/2014	22/07/2014	SHC	Notification ltr (if non-pickup):		
								Call OI:		
								After call ltr to OI:		
								<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>
								Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
								After call ltr 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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:		Sent By:					Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
								Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:		Confirm with:					Confirm by:		
Repair Cost:	S\$	(	days) Reduction:	%				Email	<input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	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:		
<b>Total:</b>	<b>S\$</b>		<b>Global Sum S\$:</b>							
<b>FINAL PAYMENT</b>	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:							