

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 26/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YQ 535MClaim No. : 22/22/22/VC05/026191Name of Insured : MCFINE MARKETING PTE. LTD.

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/08/2022 14:20Place of Accident : BLK 166 BUKIT BATOK WEST HDB

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

CARPARK GROUND LEVEL

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**SLV 8593UINSRS:
WSP: Elite Automotive
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time					
	<u>SLV 8593U -X</u>	<u>YQ 535M - X</u>	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:		☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos:	☐	☐
			Others:	☐	☐
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: _____			