

ASSIGNMENT

Surveyor:

ADRIANDOI: **22/08/2022**Date / Time : **22/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMD 2094R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20.08.2022 20:30**

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**SJU 9085S**INSRS:
WSP: **MG**
Tel : **SOLUTION**
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	Created By	STAGE	DATE / PIC
SJU 9085S -	CA/AIG10023727	24/11/2010	CHUA SIO PENG (CAI XIAOPING)	SJU 9085S	SJG 1401P	23/11/2010	20/11/2010	LWS	
SMD 2094R - X	CS3/ASM22004821/Rqy3e2	26/05/2022	SJL 3286R	SJU 9085S	07/05/2022	27/05/2022	SML		
								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:	
								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\$							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:							