

ASSIGNMENT

Surveyor: ADRIAN DOI: 01/09/2022 Date / Time : 01/09/2022
 Registered in Merimen: 03.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SDD 1052A Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 01/09/2022 07:30 Place of Accident : Upper Serangoon Rd, Singapore
 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**

SDS 8899Z



INSRS:
WSP: **YSK**
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	Stage	Created By	DATE / PIC
	SDS 8899Z - CS/TP12013/741/Uvn 23/10/2012 SDS 8899Z 13/07/2012 30/10/2012 YCC	Non-Reporting ltr (1st):		
	NA/TIC12013836/s2 16/07/2012 LOH SIEW MENG ARTHUR SDS 8899Z XD 500T 13/07/2012 20/07/2012 SLK	Non-Reporting ltr (2nd):		
	SDD 1052A - X	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)	<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"/>
		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: L/Sum	S\$ 5,200.00 (6 days) Reduction: 59 %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 05/04/2023 Confirm with Janet			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,200.00			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ 600.00 (\$ 100 x 6 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\$ 7.45			
Medical:	S\$ _____			1) Claim status: Normal/Reject/Dispute/Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)			2) Report Format: TP
Legal Cost	S\$ _____			3) Survey fee: \$320
Total:	S\$ 5,807.45 Global Sum S\$:			
FINAL PAYMENT	Date/Time: _____ Confirm with: _____			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 5,807.45 Name 1: YSK AUTO WORKSHOP			
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____			