

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 06.09.2022Registered in Merimen: 07.09.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SKA 1510C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 04.09.2022 09:50

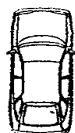
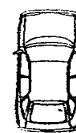
Place of Accident : _____

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****PC 7269R**INSRS:
WSP: **MODERN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PC 7269R - Reference Entry	Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
	CC4/AIG19009611/Uk53q2	18/09/2019	PC 7269R SLW 2956R	28/05/2019	19/09/2019	LS			
SKA 1510C - X								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:	☐
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:						