

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **03/10/2022**Registered in Merimen: **03/10/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJG 9405B**Claim No. : **0694358358SG**Name of Insured : **Norlizah Binte Borhan**Policy No. : **1800025660-04**

Insured Tel No. : _____ HP: _____

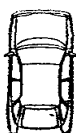
Make / Model : **Nissan Qashqai****Excess Sec II :S\$** _____ D.O.A : **30/09/2022 11:40**Place of Accident : **Junction between woodland drive 14 and woodland Ave 1**

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

If **NO**, Driver Name / Age : **Mohamad Noor Bin Mohamad Shahrif**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMT 5882D**INSRS: **NINETEEN**
WSP: **AUTOWERKS**
Tel : **PTE. LTD.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMT 5882D - X		SJG 9405B - X		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
					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)				
Legal Cost	S\$	2) Report Format:				
		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:				