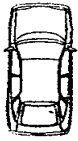


ASSIGNMENT

Surveyor: **KENNETH** DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

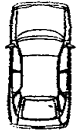
Insured Vehicle No. : **GBD 455B** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **29/09/2022 15:57** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

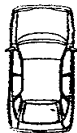
Driver Tel No. :

(V/L: YES / NO)

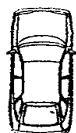
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SJH 8966A**

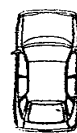
INSRS:
WSP: **OPTIMA**
Tel : **WERKZ**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Stage	Reported By	DATE / PIC
SJH 8966A	Reference Entry	CC7/ATG13075421/Ca3w2	28/08/2013	SFQ 6034C	SJH 8966A	18/08/2013	29/08/2013	RMK
GBD 455B	Reference Entry	CS/EGI17001687/K1gh3n2	11/04/2017	SHC 4223L	GBD 455B	23/01/2017	11/04/2017	CON
						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:		
						Post-Repair Photos:		
						Others:		
PRELIMINARY ADVICE								
Date/Time:					Sent By:			
FINALIZATION								
Date/Time:					Confirm with:			
Repair Cost:	S\$	(days)		Reduction:		%		Email ☐ Call ☐
FINAL SETTLEMENT								
Date/Time:					Confirm with:			
Final Liability:	%	(Agreed / Assessed)		BOLA S/N No. :		Email ☐ Call ☐		
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\$							
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle				
Legal Cost	S\$			2) Report Format:				
				3) Survey fee:				
Total:	S\$	Global Sum S\$:						
FINAL PAYMENT								
Date/Time:					Confirm with:			
Payee 1:	S\$	Name 1:						
Payee 2: (Strike if N.A.)	S\$	Name 2:						
Payee 3: (Strike if N.A.)	S\$	Name 3:						