

ASSIGNMENTSurveyor: **KENNETH**DOI: **06/10/2022**Date / Time : **06/10/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBH 4283H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **05/10/2022 11:00**

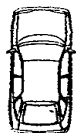
Place of Accident : _____

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****EL 1628K**INSRS:
WSP: **Alan's United
Auto Pte Ltd**
Tel :
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	Created By	DATE / PIC
EL 1628K - Reference Entry	CC6/AIG11011391/Kn1g2q2	17/10/2012	EL 1628K SFH 3703Y	07/04/2011	30/10/2012	TTT	
GBH 4283H - Reference Entry	CS/CTI19010257/Utd3n2	21/06/2019	SLX 9901Y GBH 4283H	06/06/2019	24/06/2019	LS	
						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: _____ 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:					