

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **12.10.2022**Registered in Merimen: **12.10.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **PA 52E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **06/10/2022 16:41**Place of Accident : **SLIP ROAD WOODLANDS AVE 4 TO AVE 7**

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****SKU 6243K**INSRS:
WSP: **K. Kim Hin**
Tel : **Auto Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SKU 6243K - X		Not Reporting Ltr (2nd):	
PA 52E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date		Not Reporting Ltr (Final):	
CC2/MIDA14019496/K1pq2 08/05/2015 PA 52E MID 21432 07/10/2014 08/10/2015		Notification Ltr (if non-pickup):	
CS/CTI21004456/ETf3n2 28/06/2021 PA 52E GBH 4780P 25/11/2020 28/06/2021		Call OI:	
CS3/AIG14021300/K1e3q2 31/12/2014 PA 52E GV 9238Z 04/11/2014 02/01/2015		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:	☐
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: _____			