

**ASSIGNMENT**

Surveyor: TAUFIKH DOI: 28/09/2022 Date / Time : 28/09/2022  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GX 4212U Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 28/09/2022 01:00 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**

**SHD 7111B**



INSRS:  
WSP: **CDGE**  
Tel: **LOYANG**  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC	
SHD 7111B - Reference	CC3/CTI20011835/Eea3q2	27/11/2020	SHD 7111B YN 8391Z	28/10/2020	03/12/2020	TKK			
GX 4212U - 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:		
							<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>
							Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
							After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
							Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
							Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
							Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
							Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
							Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
							LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
							Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
							PIR:	<input type="checkbox"/>	<input type="checkbox"/>
							Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
							LOD	<input type="checkbox"/>	<input type="checkbox"/>
							Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____							Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
							Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____							Confirm by: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %							Email	<input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____							Email	<input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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:		
<b>Total: S\$ _____ Global Sum S\$:</b>									
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____							Email	<input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ _____ Name 1: _____									
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____									
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____									