

ASSIGNMENT

Surveyor: TAUFIKH

DOI: 29/09/2022

Date / Time : 29/09/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLJ 5965M

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 28/09/2022 19:35

Place of Accident : Stevens Rd, Singapore

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

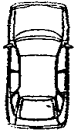
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
---------------------	---	-------------------------

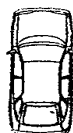
SHC 3837Y



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				DATE / PIC
SHC 3837Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC3/LCR17009427/H1za3s2 14/07/2017 SHC 3837Y SLK 5286J 10/05/2017 14/07/2017			Created By HMK
SLJ 5965M - 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:
				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:		