

ASSIGNMENT

Surveyor: **MARCUS**

DOI: 31/10/2022

Date / Time : 31/10/2022

Registered in Merimen: 31.10.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 9084Y

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$ D.O.A: 29-10-22

Place of Accident : _____

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

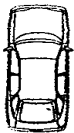
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
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SLK 2477U



INRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time										
SLK 2477U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NS/INC17011391/M1rbe2 02/07/2017 SHA 2487R SLK 2477U 09/06/2017 05/07/2017 CKL									
SKW 9084Y - X	Non-Reporting Itr (2nd):									
	Non-Reporting Itr (Final):									
	Notification Itr (if non-pickup):									
	Call OI:									
	After call Itr to OI:									
	Documentation Check List: Handler Typist									
	Notification Itr (if non-pickup) ☐ ☐									
	After call Itr 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:									