

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **14-11-22**Registered in Merimen: **14-11-22****Pre-assign / CCU / FTE**Insured Vehicle No. : **YN 5075G**

Claim No. : _____

Name of Insured : **MONKEY EXPRESS LLP**Policy No. : **P000018824**

Insured Tel No. : _____ HP: _____

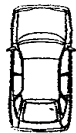
Make / Model : **Mitsubishi CANTER FEB21ER4SDEB (CBU)**Excess Sec II :\$ \$ D.O.A : **09/11/2022 22:30**Place of Accident : **PUNGGOL PLACE AND PUNGGOL FIELD JUNCTION**

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

If NO, Driver Name / Age : **JOSHUA S/O ISRAVEL**

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

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

Insured Liability : % **Final ? Yes / No****SJT 216X**INSRS:
WSP: **MODERN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	STAGE	DATE / PIC
SJT 216X	CS3/AXA12019973/Aqn-1 13/02/2013 SJT 216X SGF 9472Y 13/10/2012 22/02/2013 SSC	Non-Reporting ltr (1st):	
	CS3/AXA12019973/Cv1d 18/10/2012 SJT 216X SGF 9472Y 13/10/2012 23/10/2012 CXG	Non-Reporting ltr (2nd):	
YN 5075G	CS6/AIS22011400/y3 14/11/2022 YN 5075G 09/11/2022 NMY	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:	\$ \$ (_____ 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:	\$ \$		
Loss of Rental (LOR):	\$ \$ (_____ days)		
Loss of Use (LOU):	\$ \$ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$ \$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$ \$		
Medical:	\$ \$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$ \$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$ \$	3) Survey fee:	
Total:	\$ \$ Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$ \$ Name 1: _____		
Payee 2: (Strike if N.A.)	\$ \$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$ \$ Name 3: _____		