

ASSIGNMENT

Surveyor: KENNETH

DOI: 16.11.2022

Date / Time : 16.11.2022

Registered in Merimen: 18.11.2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SJZ 9063D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 16.11.2022 11:00

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Cyber Liability		
11. Environmental		
12. Health and Safety		
13. Product Recall		
14. Construction		
15. Other		

SHD 5301H



INRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time						
SHD 5301H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CS/TP12023944/Ky1 12/12/2012 SHD 5301H 29/11/2012 19/12/2012 YCC				DATE / PIC	
SJZ 9063D - 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:				