

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **19.11.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GZ 377T**Claim No. : **21/22/22/VC05/026557**Name of Insured : **TONG SHING CONTRACTORS PTE LTD**Policy No. : **Z21VC05008881**

Insured Tel No. : _____ HP: _____

Make / Model : _____

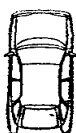
Excess Sec II : \$ _____ D.O.A : **09/11/2022 15:45**Place of Accident : **WEST CAMP ROAD**

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

If NO, Driver Name / Age : **ONG HOCK SENG**

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

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

Insured Liability : % **Final ? Yes / No****GBH 5043C**INSRS:
WSP: **CHENG HOE
MOTOR PL**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
GBH 5043C - X			
GZ 377T - Reference Entry			
CS/SMO22011345/Aqy3 11/11/2022 GZ 377T GBK 5886X 09/11/2022 NMY		Non-Reporting ltr (1st):	
NA/CTI21005346/V 30/04/2021 KU HWEE CHAO (GU HUIZHAO) GBJ 3424P GZ 377T 28/04/2021 05/05/2021 LSH		Non-Reporting ltr (2nd):	
NM/LPC22011290/Aa4 10/11/2022 ONG HOCK SENG GZ 377T GBK 5886X 09/11/2022 19/11/2022 AHS		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:		