ASSIGNMENT

Surveyor: **IRFAN**   DOI: _____   Date / Time : **16/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.   : **SMH 1836C** _____   Claim No.   : _____

Name of Insured   : _____   Policy No.   : _____

Insured Tel No.   : _____ HP: _____   Make / Model   : _____

Excess Sec II :S$ _____ D.O.A : **15.11.2022 20:00** 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**

SHA 649D _____ ⟶ _____ ⟶ _____ ⟶ _____

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

Date/ Time

SHA 649D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC4/ASM18017911/T1wb3s2 21/08/2019 SHA 649D SHC 5876X 02/10/2018 21/08/2019 LSP
CS/FCI11022141/T1qk3 21/11/2011 YM 856H SHA 649D 21/10/2011 05/12/2011 SSC
CS/FCI18017986/Gqd3e2 05/04/2019 SHC 5876X SHA 649D 02/10/2018 05/04/2019 NVT
CS/INC19012575/T1vf3e2 22/07/2019 SHA 649D SMH 8282D 12/07/2019 24/07/2019 WYO
CS/QW10018390/Rqn 03/12/2010 SHA 649D 08/09/2010 06/12/2010 SSC
CS3/FCI18019120/Gcd3s2 25/10/2018 SJW 3310X SHA 649D 17/10/2018 26/10/2018 NVT
NA/INC13017631/d2 23/09/2013 YAP JIA JIE LEON SGD 8613A SHA 649D 21/09/2013 24/09/2013 NLS
NA/INC18018891/r3 17/10/2018 YONG CHONG MING@ SEOW CHONG MING SJW 3310X SHA 649D 17/10/2018 23/10/2018 RBW

SMH 1836C - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call 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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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: