

ASSIGNMENT

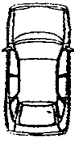
Surveyor: _____

DOI: _____

Date / Time : 30.11.2022

Registered in Merimen: 30.11.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 9080R

Claim No. : _____

Name of Insured : WONG SALLY

Policy No. : 7220091569

Insured Tel No. : HP:

Make / Model : Suzuki Vitara

Excess Sec II :S\$ D.O.A : 28/11/2022 10:25

Place of Accident : Near 58 Toh Guan Rd, Singapore

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. :

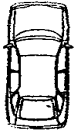
(V/L: YES / NO)

Insured Liability :

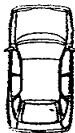
%

Final ? Yes / No

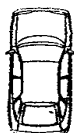
SLJ 370L



INRS:
WSP: MS Car Auto
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAMPED By		DATE / PIC	
SLJ 370L - Reference Entry	Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	STAMPED By
NA/GAI1702402	29/24	19/12/2017	HENRY TEE JIE WEI	GZ 2079R	SLJ 370L	18/12/2017	22/12/2017 HZT
SJS 9080R - 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	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI	<input type="checkbox"/>
				[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:					