

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 14.12.2022Registered in Merimen: 14.12.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 987L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

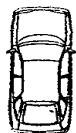
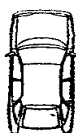
Excess Sec II :\$ _____ D.O.A : 09/12/2022 23:00Place of Accident : LORONG 31 GEYLANG

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****SJV 5584P**INSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SJV 5584P -	CC7/AIG11023486/R1pb3q2	18/02/2013	SJV 5584P	SGE 3772B	13/11/2011	18/02/2013	WSO	
GBH 987L - 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:						