

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **21.12.2022**
 Registered in Merimen: _____

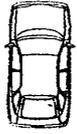
Pre-assign / CCU / FTE



Insured Vehicle No. : **YQ 3091G** Claim No. : **22/22/23/VC05/026732**
 Name of Insured : **KWAN YONG CONSTRUCTION PTE LTD** Policy No. : **Z22VC05009496**
 Insured Tel No. : _____ HP: _____ Make / Model : **MITSUBISHI CANTER**
Excess Sec II : S\$ D.O.A : **19/12/2022 09:40** Place of Accident : **60 Benoi Rd, Singapore 629906**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **JAYABARATHI VINOTHKUMAR** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

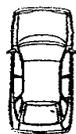
GBE 3887M



INSRS:
 WSP: **MILLION AUTO SERVICE**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
YQ 3091G	CC4/LPC22006577/Uga3 12/07/2022 GBH 8788S YQ 3091G 05/07/2022 HMK	Non-Reporting Itr (1st):	
	NBA/LPC22006439/Y 06/07/2022 JAYABARATHI VINOTHKUMAR YQ 3091G GBH 8788S 05/07/2022 01/08/2022 RBA	Non-Reporting Itr (2nd):	
	NBA/LPC22011475/Y 16/11/2022 JAYABARATHI VINOTHKUMAR YQ 3091G SNG 6657 05/07/2022 01/08/2022 RBA	Non-Reporting Itr (3rd):	
	NBA/LPC22012627/r3 19/12/2022 JAYABARATHI VINOTHKUMA YQ 3091G GBE 3887M 05/07/2022 01/08/2022 RBA	Notification Itr (if non-pickup):	
GBE 3887M	NBA/LPC22012627/r3 19/12/2022 JAYABARATHI VINOTHKUMA YQ 3091G GBE 3887M 05/07/2022 01/08/2022 RBA	Call Off:	
		After call Itr to OI:	
		Documentation Check List:	Handler Typist
		Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		