

ASSIGNMENT

Surveyor:

MARCUS

DOI:

28/12/2022

Date / Time :

28/12/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **GBH 2444Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/12/2022 11:30**

Place of Accident : _____

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

If **NO**, Driver Name / Age :

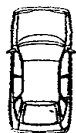
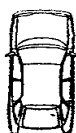
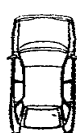
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**GBL 2804Y**INSRS:
WSP: **LEE**
Tel : **BROTHERS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

GBL 2804Y -XGBH 2444Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS/CT 20007259/Aqf3n2 14/08/2020 SLG 1582B GBH 2444Z 09/07/2020 17/08/2020 LST1**STAGE****DATE / PIC**

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler TypistNotification 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 + LOU ☐

[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: