

ASSIGNMENT

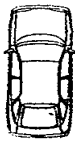
Surveyor: KENNETH

DOI: 27/12/2022

Date / Time : 27/12/2022

Registered in Merimen: 29/12/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 8292H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 15/12/2022 10:35

Place of Accident :

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

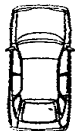
If **NO**, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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SHD 528D



INRS:
WSP: **TRANS-**
Tel : **CAB**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				Date/ Time			
SHD 528D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By DATE / PIC				SHD 528D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By DATE / PIC			
CC3/TM117022995/Kvbn2 14/12/2017 SHD 528D SKJ 9694E 30/11/2017 15/12/2017 CKL				CC3/TM117022995/Kvbn2 14/12/2017 SHD 528D SKJ 9694E 30/11/2017 15/12/2017 CKL			
CC4/AXA17023498/ja3XX 11/12/2017 SKJ 9694E SHD 528D 30/11/2017 22/03/2019 HMF				CC4/AXA17023498/ja3XX 11/12/2017 SKJ 9694E SHD 528D 30/11/2017 22/03/2019 HMF			
CC4/AXA18014862/T1ba3q2 18/08/2020 SLV 4504D SHD 528D 26/06/2020 18/10/2020 HWK				CC4/AXA18014862/T1ba3q2 18/08/2020 SLV 4504D SHD 528D 26/06/2020 18/10/2020 HWK			
SLD 8292H - X				SLD 8292H - X			
				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:					