

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **12.01.2023**Date / Time : **12.01.2023**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBL 6232X**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **09/01/2023 19:00**Place of Accident : **PIE EXIT PIONEER ROAD NORTH**

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****GBA 3450K**INSRS:  
WSP: **Thiam Heng Huat**  
Tel : **Pte Ltd**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                      |                                       |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                           | <b>GBA 3450K</b>                     | <b>NA/LPC23000309/d4 ; 09.01.2023</b> | <b>STAGE</b>                                                                       |
|                                                                                                                                                           | <b>GBL 6232X</b>                     |                                       | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                           |                                      |                                       | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                           |                                      |                                       | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                           |                                      |                                       | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                           |                                      |                                       | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                           |                                      |                                       | Call OI:                                                                           |
|                                                                                                                                                           |                                      |                                       | After call ltr to OI:                                                              |
|                                                                                                                                                           |                                      |                                       | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                           |                                      |                                       | Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                           |                                      |                                       | After call ltr 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"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                 | Date/Time:                           | Sent By:                              | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                           |                                      |                                       | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                       | Date/Time:                           | Confirm with:                         | Confirm by:                                                                        |
| Repair Cost:                                                                                                                                              | S\$ ( days) Reduction:               | %                                     | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | 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:                                                                     |
| <b>Total:</b>                                                                                                                                             | <b>S\$</b>                           | <b>Global Sum S\$:</b>                |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                      | 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:                               |                                                                                    |