

ASSIGNMENT

Surveyor: MARCUS DOI: 13.01.2023 Date / Time : 13.01.2023
 Registered in Merimen: 13/01/2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SND 6334K Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 31/12/2022 16:13 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**

YP 8530D



INSRS:
WSP: **TAN LIM**
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	STAGED By	DATE / PIC
	YP 8530D -	19/1/24	LEONG CHIN WAN	FBH 5371E	YP 8530D	18/10/2019	26/10/2019	H7T	
	SND 6334K - 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
								Notification ltr (if non-pickup)	<input type="checkbox"/>
								After call ltr to OI:	<input type="checkbox"/>
								Authorisation To Act:	<input type="checkbox"/>
								Release Voucher:	<input type="checkbox"/>
								Final Repair Bill:	<input type="checkbox"/>
								Car Rental Invoice:	<input type="checkbox"/>
								Towing Invoice	<input type="checkbox"/>
								LTA / GIA :	<input type="checkbox"/>
								Medical Bill:	<input type="checkbox"/>
								PIR:	<input type="checkbox"/>
								Mandate/Reject Instruction:	<input type="checkbox"/>
								LOD	<input type="checkbox"/>
								Payment Breakdown Form:	<input type="checkbox"/>
								Post-Repair Photos:	<input type="checkbox"/>
								Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:							Confirm with:	Confirm by:
Repair Cost:	S\$	(days)	Reduction:	%			Email	<input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:							Email	<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
Payee 1:	S\$			Name 1:				Call	<input type="checkbox"/>
Payee 2: (Strike if N.A.)	S\$			Name 2:					
Payee 3: (Strike if N.A.)	S\$			Name 3:					