

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **01.02.2023**Registered in Merimen: **01.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SME 799Z**

Claim No. : _____

Name of Insured : **BIS MOTORING PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/01/2023 11:15**Place of Accident : **Aft Sembawang Air Base, Singapore**

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

If NO, Driver Name / Age : **G SELVARAJ S/O N GANAPATHY PILLAI**

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

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

Insured Liability : % **Final ? Yes / No****SLF 1333J**INSRS:
WSP: **Cheng Hoe**
Tel : **Motor Pte Ltd**
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	Accepted By	DATE / PIC
SLF 1333J - X	CC4/AIG19012011/Udb3q2	06/09/2019	SMH 8057M	SLF 1333J	04/07/2019	06/09/2019	SP	
							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:	
							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:	☐
							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 + LOI ☐ [Tick only one]								
GIA/LTA Search S\$ _____								
Medical: S\$ _____								
Disbursement: S\$ _____ (e.g. Tow/ Independent)								
Legal Cost S\$ _____								
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: _____								