

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **02.02.2023**Registered in Merimen: **02.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBC 417S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **31.01.2023 04:10**

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****SLB 2671Y**INSRS:
WSP: **HD Perfect**
Tel : **Autowork Pte.**
Liability : **Ltd.**
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	Stage	Created By	DATE / PIC
SLB 2671Y	CS3/CT118004466/Ud3s2 07/05/2018 SLB 2671Y GBD 6505B 05/03/2018 08/05/2018 NKT	Non-Reporting ltr (1st):		
	NBA/UOI23001002/Y 01/02/2023 WEE QUANYAO SLB 2671Y GBC 417S 31/01/2023 RBA	Non-Reporting ltr (2nd):		
GBC 417S	CS3/AIG15002375/Ye3d1 29/04/2015 SGJ 9914T GBC 417S 09/02/2015 30/04/2015 LSA	Non-Reporting ltr (Final):		
	NBA/UOI23001002/Y 01/02/2023 WEE QUANYAO SLB 2671Y GBC 417S 31/01/2023 RBA	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: _____			