

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **06.02.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLA 4655L**Claim No. : **22/23/23/VP05/026793**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **01/01/2023**

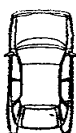
Place of Accident : _____

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****SMP 9223B**INSRS:
WSP: **Sin Hwee Motor**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	STAGE	DATE / PIC
SMP 9223B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date						STAGE	DATE / PIC
CC6/AIG21000080/Aea3q2 10/08/2021 SLC 4177P SMP 9223B 17/12/2020 10/08/2021						Non-Reporting ltr (1st):	
SLA 4655L - X						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:	☐
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: _____							