

ASSIGNMENTSurveyor: **KENNETH**DOI: **07/02/2023**Date / Time : **07/02/2023**Registered in Merimen: **08/02/2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJD 6262G**Claim No. : **2600270012SG**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **07/02/2023 07:05**Place of Accident : **ALONG YISHUN RING ROAD BEFORE JUNCTION OF YISHUN AVE 9**

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****SHF 614C**INSRS:
WSP: **TRANS-CAB**
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	Created By	DATE / PIC
SHF 614C	CC3/F C118006191/Kpa3	02 10/03/2021	SHF 614C SHD 8595G	25/03/2018	10/03/2021	HMK	CC3/F C118006191/Kpa3	02 10/03/2021
SJD 6262G - X	CC4/AIS22008661/Kpa3	05/09/2022	SHF 614C YN 7467X	14/06/2022	HMK	NA/INC20001619/r3	12/02/2020	LIM SIAK LENG GBH 6211C SHF 614C 29/01/2020 14/02/2020
							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)		1) Claim status: Normal/Reject/Private Settle				
Legal Cost	S\$			2) Report Format:				
				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:						