

ASSIGNMENTSurveyor: **ADRIAN**DOI: **08/02/2023**Date / Time : **08/02.2023**Registered in Merimen: **21/02/2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJH 115S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **30/01/2023 10:20**

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

SLR 3716LINSRS:
WSP: **ADVANCE**
Tel : **AUTO GARAGE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SLR 3716L - X	SJH 115S - X	STAGE	DATE / PIC	
			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 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:		☐
			Post-Repair Photos:	☐	☐
			Others:	☐	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:			
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: L/Sum	S\$ 3,900.00	(4 days) Reduction: 55 %	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 Settlement		
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: WP		
Legal Cost	S\$		3) Survey fee: \$250		
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:			

*AIG - Yvonne's instruction to submit WP report as AIG will handle this case.