

ASSIGNMENTSurveyor: **ADRIAN**DOI: **09/02/2023**Date / Time : **09/02/2023**Registered in Merimen: **22.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBK 122A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **09.12.2022 20:30**

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****PC 8121B**INSRS: **HD Perfect**
WSP: **Autowork Pte.**
Tel : **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
PC 8121B - Reference Entry	NA/CT1220T2410/r3	12/12/2022	GOPIANAND S/O KALIPERMA	PC 8121B	GBK 122A	09/02/2023	12/12/2022 RBW
GBK 122A - Reference Entry	NA/CT1220T2410/r3	12/12/2022	GOPIANAND S/O KALIPERMA	PC 8121B	GBK 122A	09/02/2023	12/12/2022 RBW
						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:	S\$	(	days)	Reduction:	%	Email	☐
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:					