

ASSIGNMENT

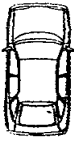
Surveyor: ADRIAN

DOI: 20.02.2023

Date / Time : 20.02.2023

Registered in Merimen: 06.03.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMY 4405D

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 21.01.2023 17:45

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident :

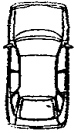
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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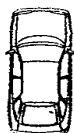
SLG 9089G



INRS:
WSP: **MG**
Tel : **SOLUTION**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					SLG	Reported By	DATE / PIC
SLG 9089G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CS/EGIT/001186/M1th3f2	20/04/2017	SJQ 8/61B	SLG 9089G	11/01/2017	21/04/2017	11/01/2017
SMY 4405D -					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:	☐	☐
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:					