

ASSIGNMENT

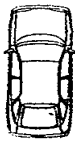
Surveyor: _____

DOI: _____

Date / Time : 20.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 8172U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 16/03/2023 07:45

Place of Accident :

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

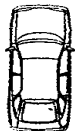
If **NO**, Driver Name / Age :

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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YP 9081B



INRS:
WSP: **Abwin Service**
Tel : **Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time										
YP 9081B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	STAGED By DATE / PIC									
NA/AIG20003463/z4 03/03/2020 TAN CHEE KHIANG (CHEN ZHIQIANG) SLU 7952D YP 9081B 02/03/2020 13/03/2020 HZT										
GBC 8172U - X	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:								