

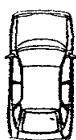
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 22/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJZ 6757E

Claim No. : S3M04KQF

Name of Insured :

Policy No. : GA568752

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 22/03/2023

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Cyber Liability		
11. Environmental		
12. Health and Safety		
13. Workers Compensation		
14. Disability Income		
15. Life Insurance		
16. Accident and Sickness		
17. Long-Term Care		
18. Health Maintenance Organization		
19. Flexible Spending Account		
20. Health Savings Account		
21. Voluntary Health Insurance		
22. Voluntary Life Insurance		
23. Voluntary Accident and Sickness		
24. Voluntary Long-Term Care		
25. Voluntary Health Maintenance Organization		
26. Voluntary Flexible Spending Account		
27. Voluntary Health Savings Account		
28. Voluntary Life Insurance		
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33. Voluntary Health Savings Account		
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36. Voluntary Long-Term Care		
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39. Voluntary Health Savings Account		
40. Voluntary Life Insurance		
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42. Voluntary Long-Term Care		
43. Voluntary Health Maintenance Organization		
44. Voluntary Flexible Spending Account		
45. Voluntary Health Savings Account		
46. Voluntary Life Insurance		
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97. Voluntary Health Maintenance Organization		
98. Voluntary Flexible Spending Account		
99. Voluntary Health Savings Account		
100. Voluntary Life Insurance		

PC 7262J



INRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				DATE / PIC	
PC 7262J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By			
CC3/CTI20003864/Fea3n2	04/05/2020 SHA 5187L PC 7262J 09/03/2020 15/05/2020 DBR	Non-Reporting ltr (1st):			
CC6/CTI19020384/Uea3n2	25/03/2020 GBE 1814L PC 7262J 18/11/2019 25/03/2020 HMK	Non-Reporting ltr (2nd):			
CS/CTI19017319/Ksd3n2	18/10/2019 SLQ 805M PC 7262J 30/09/2019 18/10/2019 NVT	Non-Reporting ltr (3rd):			
NA/CTI19017133/h4	30/09/2019 HARON BIN CHE MOHAMED PC 7262J SLQ 805M 30/09/2019 18/10/2019 LSH	Non-Reporting ltr (if non-pickup):			
NA/CTI19021175/z4	02/12/2019 HARON BIN CHE MOHAMED PC 7262J GBE 1814L 18/11/2019 25/03/2020 HMK	Call On:			
NA/CTI20003829/h4	10/03/2020 HARON BIN CHE MOHAMED PC 7262J SHA 5187L 09/03/2020 13/03/2020 LSH				
NA/INC19011564/h4	01/07/2019 HARON BIN CHE MOHAMED PC 7262J FBK 7575E 06/07/2019 05/07/2019 LSH				
SJZ 6757E -X		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:			