

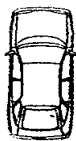
ASSIGNMENT

Surveyor: ADRIAN

DOI: 07/03/2023

Date / Time : 07/03/2023

Registered in Merimen: 28/03/2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SFQ 6633Z

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 26.02.2023 18:05

Place of Accident :

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

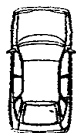
If **NO**, Driver Name / Age :

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. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Marine Liability		
11. Construction Liability		
12. Boiler and Machinery		
13. Fidelity and Bond		
14. Crime Insurance		
15. Health Insurance		
16. Life Insurance		
17. Disability Insurance		
18. Workers Compensation		
19. Property Insurance		
20. Fire Insurance		
21. Theft Insurance		
22. Vandalism Insurance		
23. Business Interruption Insurance		
24. Equipment Breakdown Insurance		
25. Contingent Construction Insurance		
26. Contingent Professional Insurance		
27. Contingent Directors and Officers Insurance		
28. Contingent Employment Practices Insurance		
29. Contingent Cyber Insurance		
30. Contingent Umbrella Insurance		
31. Contingent Commercial Auto Insurance		
32. Contingent Watercraft Insurance		
33. Contingent Aircraft Insurance		
34. Contingent Marine Insurance		
35. Contingent Construction Insurance		
36. Contingent Boiler and Machinery Insurance		
37. Contingent Fidelity and Bond Insurance		
38. Contingent Crime Insurance		
39. Contingent Health Insurance		
40. Contingent Life Insurance		
41. Contingent Disability Insurance		
42. Contingent Workers Compensation Insurance		
43. Contingent Property Insurance		
44. Contingent Fire Insurance		
45. Contingent Theft Insurance		
46. Contingent Vandalism Insurance		
47. Contingent Business Interruption Insurance		
48. Contingent Equipment Breakdown Insurance		
49. Contingent Contingent Construction Insurance		
50. Contingent Contingent Professional Insurance		
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71. Contingent Contingent Business Interruption Insurance		
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113. Contingent Contingent Contingent Contingent Disability Insurance		
114. Contingent Contingent Contingent Contingent Workers Compensation Insurance		
115. Contingent Contingent Contingent Contingent Property Insurance		
116. Contingent Contingent Contingent Contingent Fire Insurance		
117. Contingent Contingent Contingent Contingent Theft Insurance		</

SKU 7959Y



INSRS:
WSP: **HD Perfect**
Tel: **Autowork Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time										
SKU 7959Y - Reference Entry	Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC		
NBA/AIG23002468	Y 08/03/2023	CHIA KOK HENG	SFQ 6633Z	SKU 7959Y	27/02/2023	13/03/2023	RBA			
SFQ 6633Z - Reference Entry	Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By			
NBA/AIG22009835	Y 30/09/2022	CHIA KOK HENG	SFQ 6633Z	SKT 1801M	28/09/2022	30/09/2022	RBA			
NBA/AIG23002468	Y 08/03/2023	CHIA KOK HENG	SFQ 6633Z	SKU 7959Y	27/02/2023	13/03/2023	RBA			
							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. :		
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)		
Legal Cost							S\$			
1) Claim status: Normal/Reject/Private Settle										
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:		