

ASSIGNMENT

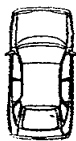
Surveyor: _____

DOI: _____

Date / Time : 28.03.2023

Registered in Merimen: 28.03.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SCW 848P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 26.03.2022 15:38

Place of Accident : _____

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

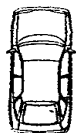
If **NO**, Driver Name / Age :

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

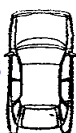
Driver Tel No. : (V/L: YES / NO)

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. Other		

SMH 3889L



INSRS:
WSP: **FALCON**
Tel : **AIR - TAMPINES**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAGE	DATE / PIC
SMH 3889L - X				Created By	
SCW 848P - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By		Reporting ltr (1st):	
CS/CAI11008419/Abn	01/07/2011	SGK 6205X	SCW 848P	03/05/2011	28/06/2011 CYY
CS/TIC11016559/Dvn	08/09/2011	SCW 848P	PZ 1611D	03/05/2011	09/09/2011 CMJ
NA1/CAI11008160/y1	04/05/2011	CATHERINE WONG	PHOY CHOO	SCW 848P	SGK 6205X 03/05/2011 12/05/2011 YCC
				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:			