

ASSIGNMENTSurveyor: IRFANDOI: 08/03/2023Date / Time : 08/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SCR 76B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 08/03/2023

Place of Accident : _____

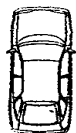
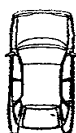
Is driver the owner? (YES / NO) Nature of Accident : _____

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**SHC 102DINSRS:
WSP: **CDGE
LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry	Date Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SHC 102D	CS/FC13020438/R1gbk3	19/11/2013	SJC 5405Z	SHC 102D	30/10/2013	22/11/2013	CK	
SCR 76B	CS/HSB23002548/Aqy3m4	22/03/2023	SCR 76B	SHC 102D	08/03/2023	23/03/2023	NMY	
							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:	☐
							Post-Repair Photos:	☐
							Others:	☐
PRELIMINARY ADVICE								
Date/Time:				Sent By:				
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\$							
Disbursement:	S\$	(e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle			
Legal Cost	S\$				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:						