

ASSIGNMENTSurveyor: **KENNETH**DOI: **03/04/2023**Date / Time : **03/04/2023**Registered in Merimen: **04/04/2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBM 130R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **30.03.2023 21:40**

Place of Accident : _____

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

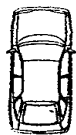
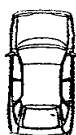
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SHD 5023K**INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SHD 5023K - Reference Entry	CC3/ASM19010881/Kbs3s2	22/06/2020	SHD 5023K SME 44T	14/06/2019	30/06/2020	USP	
GBM 130R - X	CC4/AXA18017146/Uha3q2	19/02/2019	JLH 8506 SHD 5023K	15/09/2018	19/02/2019	HMK	
						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)							
Legal Cost S\$ _____							
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: _____							