

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **06.04.2023**Registered in Merimen: **06.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMX 3249A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **05.04.2023 17:10**

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****SHB 5718A**INSRS:
WSP: **STRIDES**
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
SHB 5718A -	CC3/AIG10009085/R1n1f2p2 02/07/2010 SHB 5718A SGD 2436J 07/05/2010 05/07/2010 MRB	
	CC3/AXA11024409/R1hdc1 09/03/2012 SHB 5718A GZ 4611R 20/11/2011 13/03/2012 CXU	
	CC3/AXA15006906/K1wa3q2 16/06/2015 SHB 5718A SGH 7145U 21/04/2015 19/06/2015 N-HK	
SMX 3249A - X		
	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:	
	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\$ _____	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: _____	