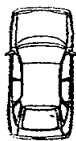


ASSIGNMENT

Date / Time : 05/04/2023

Registered in Merimen: 10/04/2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 3900H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 01.04.2023 18:50

Place of Accident :

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

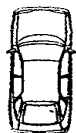
If **NO**, Driver Name / Age :

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

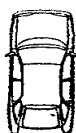
Driver Tel No. : (V/L: YES / NO)

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. Boiler and Machinery		
11. Fidelity and Bond		
12. Crime Insurance		
13. Fire and Theft		
14. Marine Cargo		
15. Marine Hull		
16. Marine P&H		
17. Marine Pollution		
18. Marine Towing		
19. Marine War and Risk		
20. Marine Yacht		
21. Personal Auto		
22. Personal Umbrella		
23. Rental Car		
24. Travelers		
25. Workers Compensation		
26. Disability Income		
27. Health Insurance		
28. Life Insurance		
29. Long-Term Care		
30. Short-Term Care		
31. Spouse Health		
32. Spouse Life		
33. Spouse Disability		
34. Spouse Health Care		
35. Spouse Life Care		
36. Spouse Disability Care		
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99. Spouse Disability Care		
100. Spouse Health Care		

SBM 9J



INRS:
WSP: **OPTIMA**
Tel : **WERKZ**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				Created By	DATE / PIC
SBM 9J - Reference Entry CC6/AXA14019269/Gse3k3	Vehicle No. TP 17/03/2015	Vehicle No. SGM 470A SBM 9J	Accident Date 08/10/2014	Close Date 18/03/2015	LSL1
SKR 3900H - 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:	
				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:			