

ASSIGNMENT

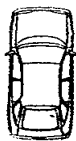
Surveyor: KENNETH

DOI: _____

Date / Time : 10/04/2023

Registered in Merimen: 10/04/2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SNA 9600M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 06/04/2023 17:05

Place of Accident : Whitley Rd, Singapore

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

SLIP RD OF WHITLEY RD TOWARDS THOMSON RD

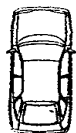
If **NO**, Driver Name / Age :

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

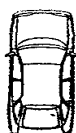
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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SHB 1222P



INRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					DATE / PIC
SHB 1222P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	NS/INC22007/11/Rtce2 29/03/2022 SHB 1222P SMD 4748A 16/01/2022 29/03/2022 FVN				DATE / PIC
SNA 9600M - 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
FINAL SETTLEMENT	Date/Time:	Confirm with			Email
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :			Call
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$	(			
Loss of Use (LOU):	S\$	(\$ x			
Loss of Income (LOI):	S\$	(\$ x			
LOR only		LOU only		LOR + LOU	
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
Payee 1:	S\$	Name 1:			Call
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			