

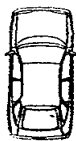
ASSIGNMENT

Surveyor: ADRIAN

DOI: _____

Date / Time : 13.04.2023

Registered in Merimen: 13.04.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE 8183J

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 12.04.2023 17:40

Place of Accident :

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

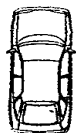
If **NO**, Driver Name / Age :

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

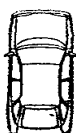
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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. Commercial Property Liability		
9. Watercraft Liability		
10. Aircraft Liability		
11. Marine Liability		
12. Other		

SMY 4426T



INSRS:
WSP: **MG SOLUTION**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				DATE / PIC
SMY 4426T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CC6/CT121009879/Aes3q2 14/02/2022 SMY 4426T GBG 1070E 19/09/2021 18/09/2022 LSL1			
SLE 8183J - 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:		