

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **14.04.2023**Registered in Merimen: **14.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMY 5738L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20/03/2023 08:35**

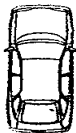
Place of Accident : _____

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****XE 543P**INSRS:
WSP: **FOCUS AUTO**
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
XE 543P -	NS/INC21008498/T1ucn2	02/09/2021	SHD 8825T	XE 543P	11/08/2021	02/09/2021	FWL	Non-Reporting ltr (1st):	
SMY 5738L - X								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:	☐
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:		