

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **17/04/2023**Date / Time : **14.04.2023**Registered in Merimen: **18.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNC 4689E**

Claim No. : \_\_\_\_\_

Name of Insured : **TAN WAN LEE**Policy No. : **SP2003182307**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ D.O.A : **05/04/2023 17:40**

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age : **PEMA LIM FANG YI**

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

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

Insured Liability : % **Final ? Yes / No****SNB 6224E**INSRS:  
WSP: **TONG LUCK**  
Tel : **AUTO P/L**  
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	STAGE	DATE / PIC
<b>SNB 6224E</b>	<b>CC4/AIS23003636/ya3 10/04/2023 SGT 2302C SNB 6224E 05/04/2023 HMK</b>	Non-Reporting ltr (1st):	
<b>SNC 4689E</b>	<b>CC4/ASM22004229/Aga3 06/05/2022 SNC 4689E GBJ 1540A 27/04/2022 HMK</b>	Non-Reporting ltr (2nd):	
	<b>CC6/CTI22005838/Apa3q2 12/01/2023 SNC 4689E GBE 9779C 14/06/2022 16/01/2023 HMK</b>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	<b>We have detected that there is already an active claim within 1 day of the Date of Loss.</b>	Call OI:	
	<b>SNB6224E Date of Loss: 05/04/2023 (TP)</b>	After call ltr to OI:	
	<b>Insurer: MSIG Insurance (Singapore) Pte. Ltd.</b>	<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	\$S\$ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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:	
<b>Total:</b>	<b>\$S\$ Global Sum \$S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S\$ Name 1: _____		
Payee 2: (Strike if N.A.)	\$S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ Name 3: _____		