

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **26.04.2023**Registered in Merimen: **26.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKV 3647T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

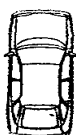
Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **24.04.2023 16:05**Place of Accident : **Ophir Rd, Singapore**Is driver the owner? (YES / NO) Nature of Accident : **TOWARDS QUEENS STREET**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****SNG 4482M**INSRS:
WSP: **SM SPRAY**
Tel : **PAINTING PTE LTD**
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
	SNG 4482M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	STAGE	
	NBA/CTI23004237/Y 25/04/2023 KOW JONG JOO SNG 4482M SKV 3647T 24/04/2023	Non-Reporting ltr (1st):	
	SKV3647T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting ltr (2nd):	
	CS/MSG22007976/Kqy3 19/08/2022 SKV 3647T SNA 5709K 16/08/2022 RAP	Non-Reporting ltr (Final):	
	NBA/CTI23004237/Y 25/04/2023 KOW JONG JOO SNG 4482M SKV 3647T 24/04/2023	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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
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: _____		