

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **03.05.2023**Registered in Merimen: **03.05.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJC 6500A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **13/04/2023 17:10**Place of Accident : **Senja Rd, Singapore**

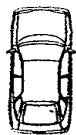
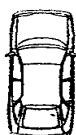
Is driver the owner? (YES / NO) Nature of Accident : _____

Junction of Senja Road and Bukit Panjang Ring Road before BS: 44721 (Opp Jelapang Stn)

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****SMB 3576X**INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMB 3576X - X			
SJC 6500A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CS/FCI18004253/Dtd3n2 15/05/2019 SJC 6500A SHC 8558U 07/02/2018 15/05/2019 NVT			
NA/INC09012272/r 02/06/2009 KRISHNA S/O GANESON FBD 30273 NA/INC09012272/r 02/06/2009 KRISHNA S/O GANESON FBD 30273			
		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:	