

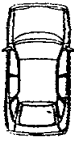
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 03.05.2023

Registered in Merimen: 03.05.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SKC 1867M

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$ D.O.A : 30/04/2023 10:10

Place of Accident : _____

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

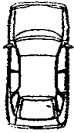
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
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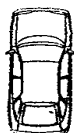
SHD 6177T



INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				Assessor	Assessment Date	Close Date	Created By
SHD 6177T - Reference Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Assessment Date	Close Date	Created By	
NA/TM13001326/m2	19/01/2013 TAN SOO TECK	SJB 1717E	SHD 6177T	18/01/2013	23/01/2013	NRM	
SKC 1867M - 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:					