

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **05/05/2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GY 3795E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **02/05/2023 15:50**Place of Accident : **TUAS SOUTH AVE 3**

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****GBD 922U**INSRS:
WSP: **K KIM HIN**
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	Reported By	DATE / PIC
GBD 922U - X	CC4/AXA17004208/Kwa3q2	11/04/2017	GBD 922U SGZ 6268K	27/02/2017	17/04/2017	17/04/2017	RMK	
	NA/TMI21004859/h4	19/04/2021	MOHAMMAD MANSOR BIN JASMIN	SGW 3718P	GBD 922U	17/04/2021	26/04/2021	LSH
							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:	
							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)						
Legal Cost	S\$	2) Report Format:						
		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:						