

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **09.05.2023**Registered in Merimen: **09.05.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNG 3695Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **05.05.2023 11:40**

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****SMF 397U**INSRS:
WSP: **AUTO UNITED**
Tel : **SG 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
SMF 397U -	NA/INC19008576/r3 15/05/2019 WONG KONG CHOY WILSON SMH 2774R SMF 397U 13/05/2019 22/05/2019 RBW
SNG 3695Y - 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: _____	