

ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 16.05.2023
 Registered in Merimen: 16.05.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 4140Z Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$S _____ D.O.A : 13-05-2023 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**

SLC 6205D →



INSRS: _____
 WSP: **Alan's United**
 Tel : **Auto 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
SLC 6205D	CS/AGI21011418/R11f3e2 21/01/2022 SLU 9923A SLC 6205D 05/11/2021 26/01/2022	ST1	
SLG 4140Z	CC4/AIG22008863/Uya3q2 08/09/2022 SLG 4140Z SGD 880Y 03/09/2022 HMK CC6/CTI22008655/Upa3q2 15/02/2023 SGD 880Y SLG 4140Z 03/09/2022 20/02/2023 HMK CS/GAI17019487/Krn2 27/11/2017 SFQ 4494X SLG 4140Z 09/10/2017 27/11/2017 GLE CS3/CTI21006583/T1vcn2 15/06/2021 SLG 4140Z SMH 6393E 07/06/2021 15/06/2021 GLE NA/SMO22003542/m4 19/04/2022 TAN GEOK KUAN (CHEN YUJUAN) SMR 7055Y SLG 4140Z 14/04/2022 20/04/2022 SML NBA/AIG18021415/Y 27/11/2018 GOH CHUN KIANG SJQ 7884L SLG 4140Z 26/11/2018 04/12/2018 RBA	Non-Reporting Itr (1st): Non-Reporting Itr (Final): Notification Itr (if non-pickup): QM/NOI: After call Itr to OI:	
		Documentation Check List:	Handler Typist
		Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost:	\$S (_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S Name 1: _____		
Payee 2: (Strike if N.A.)	\$S Name 2: _____		
Payee 3: (Strike if N.A.)	\$S Name 3: _____		