

ASSIGNMENT

Surveyor: IRFAN DOI: 08/05/2023 Date / Time : 08/05/2023
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 5887U Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$S _____ D.O.A : 06.05.2023 09:20 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**

SHC 7245D



INSRS:
 WSP: **CDGE**
 Tel : **LOYANG**
 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 | STAC Created By | DATE / PIC |
|---------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|---------------|--------------------------|---|--------------------------|
| | CC3/AXA12010706/H1ec3f1 | 23/08/2012 | SHC 7245D | SJB 3596Z | 23/05/2012 | 30/08/2012 | 31/11/2012 | Non-Reporting ltr (1st): | |
| | CC3/AXA13010620/H1py3e3 | 15/08/2013 | SHC 7245D | SGH 7610T | 10/06/2013 | 16/08/2013 | 13/03/2013 | Non-Reporting ltr (2nd): | |
| | CC4/FCI20008913/da3XX | 24/08/2020 | SKG 8951K | SHC 7245D | 18/08/2020 | 17/11/2020 | 17/11/2020 | Non-Reporting ltr (Final): | |
| | CI/TPD19018966/Pc | 10/09/2019 | SHC 7245D | 07/04/2019 | 11/09/2019 | 11/09/2019 | 11/09/2019 | Notification ltr (if non-pickup): | |
| | CS/FCI16007851/h3 | 28/04/2016 | GBA 2551J | SHC 7245D | 26/04/2016 | 22/07/2016 | 22/07/2016 | Call OI: | |
| | CS/FCI17012577/11rbn2 | 31/10/2017 | SLN 2646H | SHC 7245D | 22/06/2017 | 31/10/2017 | 31/10/2017 | After call ltr to OI: | |
| | NS/INC10003691/Cn | 05/03/2010 | SHC 7245D | SGH 3822A | 23/02/2010 | 08/03/2010 | 08/03/2010 | Documentation Check List: | |
| | NS/INC12022849/H1y1k3 | 06/12/2012 | SHC 7245D | SJQ 1197B | 23/11/2012 | 12/12/2012 | 12/12/2012 | Handler | Typist |
| | NS/INC18002950/K1vbn2 | 20/02/2018 | SHC 7245D | SJF 9837T | 11/02/2018 | 20/02/2018 | 20/02/2018 | | |
| | NS/INC22040150/Cncq2 | 10/12/2022 | SHC 7245D | GBB 1513X | 12/10/2022 | 10/12/2022 | 10/12/2022 | | |
| | GBF 5887U - X | | | | | | | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | | | | | | | | After call ltr to OI: | <input type="checkbox"/> |
| | | | | | | | | Authorisation To Act: | <input type="checkbox"/> |
| | | | | | | | | Release Voucher: | <input type="checkbox"/> |
| | | | | | | | | Final Repair Bill: | <input type="checkbox"/> |
| | | | | | | | | Car Rental Invoice: | <input type="checkbox"/> |
| | | | | | | | | Towing Invoice | <input type="checkbox"/> |
| | | | | | | | | LTA / GIA : | <input type="checkbox"/> |
| | | | | | | | | Medical Bill: | <input type="checkbox"/> |
| | | | | | | | | PIR: | <input type="checkbox"/> |
| | | | | | | | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | | | | | | | LOD | <input type="checkbox"/> |
| | | | | | | | | Payment Breakdown Form: | <input type="checkbox"/> |
| | | | | | | | | Post-Repair Photos: | <input type="checkbox"/> |
| | | | | | | | | Others: | <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: | | | | | | | |