

ASSIGNMENT

Surveyor: IRFAN DOI: 09/05/2023 Date / Time : 09/05/2023
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJM 3175Y Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 09.05.2023 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**

SHC 1196B



INSRS:
WSP: **CDGE LOYANG**
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	Created By	DATE / PIC
SHC 1196B -	CC3/AIG09012986/Ywq1 03/08/2009 SHC 1196B SJQ 1368A 09/06/2009 06/08/2009 TCE	Non-Reporting ltr (1st):	
	CC4/III23004435/Sya3 02/05/2023 SHC 1196B SNB 8760K 28/04/2023 HMK	Non-Reporting ltr (2nd):	
	CD3/AIG09012986/N 02/07/2009 SHC 1196B SJQ 1368A 09/06/2009 06/11/2009 TCE	Non-Reporting ltr (Final):	
	CS/FCI18021434/Dvd3n2 26/12/2018 SHC 2988B SHC 1196B 26/11/2018 27/12/2018 TCE	Notification ltr (if non-pickup):	
	CS/FCI19017530/K1y13n2 01/11/2019 SHD 1477K SHC 1196B 03/10/2019 04/11/2019 TCE	Call OI:	
	CS/INC09021450/Cn 07/10/2009 SHC 1196B SJC 6519Y 23/09/2009 06/10/2009 CPH	After call ltr to OI:	
	CS/TMI20013510/T1qf3q2 24/12/2020 SHC 1196B SLJ 5986C 03/12/2020 24/12/2020 ST	Authorisation To Act:	
	NS/INC12005541/H1qn 08/05/2012 SHC 1196B GP 1978E 15/03/2012 09/05/2012 LYT	Release Voucher:	
SJM 3175Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Final Repair Bill:	
	CC3/III15010196/M1gbd1 14/09/2015 SJM 3175Y 15/06/2015 19/09/2015 CKL	Car Rental Invoice:	
	CS/SMO19003129/Asd3n2 04/04/2019 SJM 3175Y GBD 4899C 18/02/2019 08/04/2019 ST	Towing Invoice	
	NA/INC19015414/z4 30/08/2019 CHIN ZHI HUI SBU 3917B SJM 3175Y 29/08/2019 12/09/2019 HZT	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 <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: _____		