

ASSIGNMENT

Surveyor:

ADRIAN

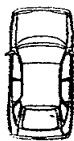
DOI:

19/05/2023

Date / Time :

19/05/2023

Registered in Merimen:

24/05/2023**Pre-assign / CCU / FTE**Insured Vehicle No. : **SNJ 5169X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **18/05/2023 07:30**Place of Accident : **CLEMENTI ROAD TOWARDS AYE**

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

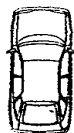
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SLQ 2893U**INSRS:
WSP: **XIN HUA**
Tel : **WORKSHOP**
Liability **PTE LTD**
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
SLQ 2893U	NA/AIG23005098/d4	18/05/2023 TOH BOON CHEONG SLQ 2893U SNJ 5169X 18/05/2023 19/05/2023 NVT	
SNJ 5169X	NA/AIG23005098/d4	18/05/2023 TOH BOON CHEONG SLQ 2893U SNJ 5169X 18/05/2023 19/05/2023 NVT	
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:	