

ASSIGNMENT

Surveyor: KENNETH

DOI: _____

Date / Time : 25.05.2023

Registered in Merimen: 25.05.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SCZ 823U

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$\$ D.O.A : 11/05/2023 00:30

Place of Accident : _____

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

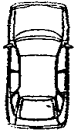
If **NO**, Driver Name / Age :

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

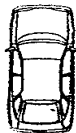
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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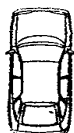
SHD 6481P



INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					STAGE	DATE / PIC
SHD 6481P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC4/LPC19021430/Qha3n2 09/03/2020 SHD 6481P SKK 6520M 30/11/2019 09/03/2020 LSP				Created By	
SCZ 823U - 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:	
	*AIG handle directly. *SUBMIT WP TO AIG				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: L/Sum	S\$ 29,450.00	(14 days)	Reduction: 47 %	Excluded check items	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/WP	
Disbursement:	S\$	(e.g. Tow/ Independent)			2) Report Format:	TP
Legal Cost	S\$				3) Survey fee:	\$250.00
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:				