

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 07.06.2023

Registered in Merimen: 07.06.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 96Z

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 04.06.2023 19:20

Place of Accident : _____

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

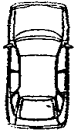
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
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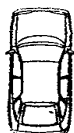
SJC 2242X



INSRS:
WSP: ELITE
Tel: AUTOMOTIVE
Liability: PTE LTD
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAGE	DATE / PIC
SJC 2242X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CS3/INC14007692/Pb 24/04/2014 SKM 5002M SJC 2242X 23/04/2014 30/04/2014 CKL			Created By	
NA/INC14007586/r3 23/04/2014 JASNI BIN AMIN FT 3673L SJC 2242X 22/04/2014 28/04/2014 RBW				Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
SLK 96Z - X				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:			