

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **28.06.2023**Registered in Merimen: **26.06.2023 BY WKSP****Pre-assign / CCU / FTE**Insured Vehicle No. : **XE 5114L**

Claim No. : _____

Name of Insured : **800 SUPER WASTE MANAGEMENT PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22.08.2023 07:50**Place of Accident : **BENOI ROAD**

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****EL 9323L**INSRS:
WSP: **Cheng Auto**
Tel : **Bodyworks**
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
EL 9323L	CC3/AIG12021014/Ry1w2	06/03/2013	EL 9323L	27/10/2012	07/03/2013	YCC		Non-Reporting ltr (1st):	
XE 5114L	CC4/AIS23003645/Kpa3	10/04/2023	SLX 1695U	XE 5114L	04/04/2023	HMK		Non-Reporting ltr (Final):	
								Notification ltr (if non-pickup):	
								Call OI:	
								After call ltr to OI:	
								Documentation Check List:	
								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:						