

**ASSIGNMENT**

Surveyor: ADRIAN DOI: \_\_\_\_\_ Date / Time : 06.07.2023  
 Registered in Merimen: 06.07.2023

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SJK 8708M Claim No. : \_\_\_\_\_  
 Name of Insured : MD CARZ PTE. LTD. Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 04/07/2023 14:25 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : LIM IT KIONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

**SJX 672R**



INSRS: \_\_\_\_\_  
 WSP: **BIFROST**  
 Tel : **AUTO PTE**  
 Liability: **LTD**  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	Created By	DATE / PIC
SJX 672R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date CC6/AIG10027410/Dn1f2r1 14/01/2011 SDR 250C SJX 672R 21/10/2010 31/01/2011 KWS NA/INC13008278/e1 07/05/2013 PALLIPAKKAM SIVARAMA RAMANATHAN SJX 672R YN 3519G 06/05/2013 14/05/2013 SAM		
SJX 8708M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AIG19019264/Bda3q2 23/04/2020 SJK 8708M SLB 2167L 23/10/2019 06/06/2020 PMK		
Call OI: After call ltr to OI: <b>Documentation Check List: Handler Typist</b>		
Notification ltr (if non-pickup)		<input type="checkbox"/>
After call ltr to OI:		<input type="checkbox"/>
Authorisation To Act:		<input type="checkbox"/>
Release Voucher:		<input type="checkbox"/>
Final Repair Bill:		<input type="checkbox"/>
Car Rental Invoice:		<input type="checkbox"/>
Towing Invoice		<input type="checkbox"/>
LTA / GIA :		<input type="checkbox"/>
Medical Bill:		<input type="checkbox"/>
PIR:		<input type="checkbox"/>
Mandate/Reject Instruction:		<input type="checkbox"/>
LOD		<input type="checkbox"/>
Payment Breakdown Form:		<input type="checkbox"/>
Post-Repair Photos:		<input type="checkbox"/>
Others:		<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> 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:
<b>Total:</b>	<b>S\$ Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> 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:	