

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 01/08/2023Registered in Merimen: 01/08/2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SMR 9019P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 28/07/2023 12:10

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****SMB 345R**INSRS:
WSP: **STRIDES**
Tel :
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
SMB 345R -	NS/INC18005516/Svbn2	10/04/2018	SMB 345R SJZ 4060U	03/03/2018	10/04/2018	CKL	Non-Reporting ltr (1st):	
SMR 9019P - X							Non-Reporting ltr (2nd):	
							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:		