

**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **26/07/2023**Date / Time : **26/07/2023**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBM 162Z**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **20.07.2023 14:45**

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****SMU 6168X**

INSRS:

WSP: **KT**Tel : **MOTORWERK**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

**SMU 6168X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By**  
**CC4/III22012419/Apa3q2 20/07/2023 SMU 6168X GBB 7713X 09/08/2023 20/07/2023 HMK**

**GBM 162Z - X**

Non-Reporting ltr (2nd):

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:

Post-Repair Photos:

Others:

**PRELIMINARY ADVICE** Date/Time:

Sent By:

**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: