ASSIGNMENT

INS. CASE OWNER:

Surveyor: LWP   DOI: 14/1/19   Date / Time: 14/1/19

Registered in Merimen: 18/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 76 X

Name of Insured : THAM KUN KEONG

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 10/1/19

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

If NO, Driver Name / Age: _____

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

GBF 9886 Z

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : Payn Lebar After UBI AVE 2 > PIE

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

Insured Liability: ____ %   Final ? Yes / No
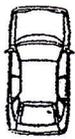
INSRS: WSP: Tel : Lee Sheng.   Liability :   RMKS:
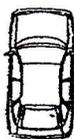
INSRS: WSP: Tel :   Liability :   RMKS:
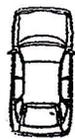
INSRS: WSP: Tel :   Liability :   RMKS:

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Date/ Time		STAGE	DATE / PIC
17/1 NLO	GBF 9886 Z · X ; SLM 76X - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	- TO ASK OI IF HE WAS INVOLVED IN 2	Non-Reporting ltr (Final):	
	ACCIDENTS ON SAME DAY.	Notification ltr (if non-pickup):	
	- OI GIA REPORT MENTIONED DIFF. VEHICLE (VAN)	Call OI: 18/4/19 -khanchna	
	- IF SO, OI TO LODGE ANOTHER GIA OR DO	After call ltr to OI: /	
	ADDENDUM IF WRONG VEHICLE.	Documentation Check List:	Handler Typist
18/4/19 @ 10.30am -khanchna	- Spoke to OI. He confirmed involvement in only 1	Notification ltr (if non-pickup)	
	mva w TP. Informed OI on TP claim, agreed	After call ltr to OI:	
	to settle and aware NCD will be affected.	Authorisation To Act:	
	*OI to fill up/ do the Addendum - TP veh num.	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: 46   S$ 4350·00 (7 days) Reduction: $5237.44 % 55   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 05/04/2021   Confirm with: MS Lee   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 4654.50 (w/GST)		
Loss of Rental (LOR):	S$ 643·00 (10 days) X $64.30		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$ 2·00		
Medical:	S$ 139·20	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S$	3) Survey fee: $320.00	
Total:	S$ 5438.70.	Global Sum S$:	

FINAL PAYMENT   Date/Time: _____   Confirm with: _____   Email ☑ Call ☐

Payee 1:	S$ 5438.70	Name 1:	LEE SHENG AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	