

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 14/10/2019

Date / Time : 14/10/2019

Registered in Merimen: 14/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 820S

Claim No. : 1201900030956

Name of Insured : LEONG YOKE PE

Policy No. : PNPV2018-00015218

Insured Tel No. : HP: +65-96498595

Model : BMW X1-1.5 SDRIVE 18i (A)

Excess Sec II :S\$

D.O.A : 13/10/2019 17:10

Place of Accident : ALONG KEPPEL BAY

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

If NO, Driver Name / Age : CHEN YEN SIONG

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

Driver Tel No. : +65-92707622 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJV 9236T

INSRS:
WSP:PRECISE AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJV 9236T - NBA/CTI16013139/Y; DOA: 14/7/16	Non-Reporting ltr (1st):	
	SLV 820S - 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:		Confirm by:	
Repair Cost: L/sum		\$S 3,300.00	(7 days) Reduction: 46 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 19/06/2020		Confirm with Yan Hong		Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 3,531.00				
Loss of Rental (LOR):	\$S 800.00	(8 days) X \$100.00			
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 37.00				
Medical:	\$S				
Disbursement:	\$S	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Deplete/Settle	
Legal Cost	\$S			2) Report Format: TP	
				3) Survey fee: \$500.00	
Total:	\$S 4,368.00	Global Sum \$S:			
FINAL PAYMENT Date/Time:		Confirm with:		Email ☒	Call ☐
Payee 1:	\$S 4,368.00	Name 1:	Precise Auto Service		
Payee 2: (Strike if N.A.)	\$S	Name 2:			
Payee 3: (Strike if N.A.)	\$S	Name 3:			