

ASSIGNMENT

Surveyor:

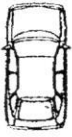
TAUFIKH

DOI: 05/11/2019

Date / Time : 04.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 1995Y

Claim No. : 19/19/19/VP05/022596

Name of Insured : Utara Bee Way

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 01/11/2019

Place of Accident : SIGLAP HILL

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

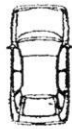
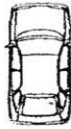
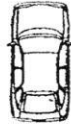
If NO, Driver Name / Age : Peter 21 Xin

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

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

Insured Liability : % Final ? Yes / No

SJD 9668A

INSRS:
WSP: SIN SHENG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJD 9668A - X
SKR 1995Y - CS/LPC19019414/R1sf3; DOA: 01.11.19

STAGE

DATE / PIC

Non-Reporting ltr (1st):

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\$ 4500.00 (5 days) Reduction: 47 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 11/8/2020

Confirm with: Pei Sin

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (w/hst) S\$ 4815.00

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 420.00 (\$ 60 x 7 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\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$400

Total: S\$ 5237.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 5237.00

Name 1: Sin Sheng Engineering Services

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: