

ASSIGNMENT

Surveyor:

DOI:

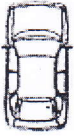
Date / Time :

21/11/19

Registered in Merimen:

21/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 93722

Claim No. : _____

Name of Insured : YEOH POH CHONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 21/10/19

Place of Accident : _____

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

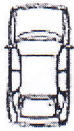
If NO, Driver Name / Age : NG QWAN KHEE

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

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

Insured Liability : % Final ? Yes / No

SLE 93722



INSRS: WSP: Ah
Tel: Vm
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
05.12.19	EMAIL WSP LIABILITY CLEAR.	ASHER 05.12.19
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: KSC

Repair Cost: L/S \$2,450.00 (5 days) Reduction: 61 % Email Call

FINAL SETTLEMENT Date/Time: 22.04.21 Confirm with: MUI HONG Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 31 If NO or B 28, Ass. Lia :

Repair Cost: w/GST \$2,621.50 OLD REAR ENDED TP

Loss of Rental (LOR): \$ - (days) Loss of Use (LOU): \$480.00 (\$80 x 6 days)

Loss of Income (LOI): \$ - (\$ x days) LOR only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search \$2.00 Medical: \$ - Disbursement: \$ - (e.g. Tow/ Independent) Legal Cost \$ -

Total: \$3,103.50 Global Sum \$\$: 1) Claim status: Normal/Reject/Private 2) Report Format: TP 3) Survey fee: \$320

FINAL PAYMENT Date/Time: 22.04.21 Confirm with: MUI HONG Email Call

Payee 1: \$3,103.50 Name 1: AH LIM MOTOR COMPANY

Payee 2: (Strike if N.A.) \$ Name 2: Payee 3: (Strike if N.A.) \$ Name 3: