

ASSIGNMENT

Surveyor:

OSP

DOI: 08/11/2019

Date / Time : 08/11/2019

Registered in Merimen: 12/11/2019

Pre-assign / CCU / FTE

	Insured Vehicle No. :	SLK 8045T	Claim No. :	8979837638SG
	Name of Insured :	CHUA HENG LEE WILSON	Policy No. :	
	Insured Tel No. :	HP: _____	Make / Model :	SUBARU FORESTER-2.0 I-L CVT AWD SR (A)
	Excess Sec II :S\$	D.O.A : 28/10/2018 18:30	Place of Accident :	BEDOK NORTH AVE 3 & BEDOK RESERVOIR RD JUNCTION
Is driver the owner? (YES / NO) Nature of Accident : _____				
If NO, Driver Name / Age : TONG HUI TING WENDY			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. : +65-81285236 (V/L: YES / NO)			Insured Liability : % Final ? Yes / No	

SG 5574R



INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SG 5574R - X	SLK 8045T - X	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:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by: OSP	
Repair Cost: P/P	S\$ 697.00	(1 days) Reduction: 38 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 31.12.20	Confirm with JIMMY	Email ☐	Call ☐
Final Liability: 100 %	50	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: \$697.00	S\$ 348.50			
Loss of Rental (LOR): -	S\$ -	(days)		
Loss of Use (LOU): \$325.00	S\$ 162.50	(\$ 325 x 1 days)		
Loss of Income (LOI): -	S\$ -	(\$ x days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search \$7.00	S\$ 7.00			
Medical: -	S\$ -		1) Claim status: Normal/ Report/Dispute/Settle	
Disbursement: -	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost -	S\$ -		3) Survey fee: \$320	
Total:	\$1,029.00	S\$ 518.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 31.12.20	Confirm with: JIMMY	Email ☐	Call ☐
Payee 1:	S\$ 518.00	Name 1: SMRT BUSES LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		