

**ASSIGNMENT**

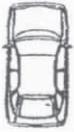
Surveyor: **KENNETH**

DOI: **02./12/2019**

Date / Time : **29.11.2019**

Registered in Merimen: **01.12.2019**

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SLH 1931Y** Claim No. : **2151723423SG**  
 Name of Insured : **ONG MEI NAH** Policy No. : **2100488050**  
 Insured Tel No. : \_\_\_\_\_ HP: **+65-96967178** Make / Model : **NISSAN X-TRAIL-2.0 (A)**  
**Excess Sec II :S\$** D.O.A : **04/10/2019 18:45** Place of Accident : **PIONEER ROAD NORTH**  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % Final ? Yes / No

**GBG 852Y**



INSRS: \_\_\_\_\_  
 WSP: **COMPLETE**  
 Tel: **VMS**  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	GBG 852Y- X	SLH 1931Y - 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:	
			<b>Documentation Check List:</b> Handler Typist	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
	SETTLED. ALL DOCUMENTS IN ORDER. TO CLOSE.			

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 4,750.00 ( 5 days) Reduction: 47% %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 22/04/2020	Confirm with: LILY	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 Agreed	Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/gst	S\$ 5,082.50		(OI rear-ended TP)
Loss of Rental (LOR):	S\$ 800.00 ( 8 days) x \$100		
Loss of Use (LOU):	S\$ --- (\$ x days)		
Loss of Income (LOI):	S\$ --- (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 29.00		
Medical:	S\$ ---		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
<b>Total:</b>	S\$ 5,911.50	Global Sum S\$: 5,910.00	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 5,910.00	Name 1: COMPLETE VMS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ ---	Name 2: ---	
Payee 3: (Strike if N.A.)	S\$ ---	Name 3: ---	