

ASSIGNMENT

Surveyor: OSP

DOI: 19/12/2019

Date / Time : 05.12.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE4832P
 Name of Insured : J T S DIE-CUTTING INDUSTRY
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 25/11/2019
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : DM19HO03193/JT
 Policy No. : DMCPHQ19-003521
 Make / Model : NISSAN NV200-1.5 (A)
 Place of Accident : SLIP RD OF KALLANG RD TOWARDS CRAWFORD RD

If NO, Driver Name / Age : TAN KAH HOON
 Driver Tel No. : +65-98796481 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : _____ % Final ? Yes / No

SLD2616Y



INSRS: HOCK WAH
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
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INSRS: _____
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INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/Time	SLD 2616Y - X	GBE 4832P - 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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>

24/07/2020

Pls refer to VIEWS for details.

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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

Repair Cost: **L/sum** S\$ 2,250.00 (3 days) Reduction: 41 % Email Call

FINAL SETTLEMENT Date/Time: 24/07/2020 Confirm with: Anysia Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : _____

Repair Cost w/GST S\$ 2,407.50

Loss of Rental (LOR): S\$ 300.00 (3 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\$ 2.00

Medical: S\$ _____

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

Legal Cost S\$ _____

1) Claim status: Normal ~~Report/Driver Sent~~

2) Report Format: TP

3) Survey fee: \$400.00

Total: S\$ 2,709.50 Global Sum S\$: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 2,709.50 Name 1: Hock Wah Motor Workshop Pte Ltd

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

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