

ASSIGNMENT

Surveyor:

STEVE

DOI:

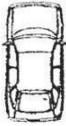
15/01/2020

Date / Time :

10/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : FBJ 6871L

Claim No. : DM20HO00098/JT X

Name of Insured : KWEK HOWE HENG

Policy No. : DMMPHQ19-000935

Insured Tel No. : _____ HP: +65-88225750

Make / Model : HONDA 400X-399CC

Excess Sec II : \$\$ _____ D.O.A : 08/01/2020 18:10

Place of Accident : PIE JURONG TOWARDS KJE

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

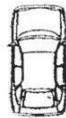
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age : _____

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

Insured Liability : _____ % Final ? Yes / No

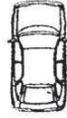
PA 6346T



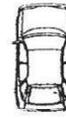
INSRS: _____
WSP: **WOODLANDS**
Tel: **TRANSPORT**
Liability: **SERVICE**
RMKS: _____



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



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



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

Date/Time	PA 6346T - X	FBJ 6871L - X	STAGE	DATE / PIC
	Pls refer to Views		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 checked="" 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 checked="" 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 checked="" 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"/>
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost:	\$S 1,800.00 (3 days) Reduction: 34 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 09/04/2020 Confirm with Kenji		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 1,926.00			
Loss of Rental (LOR):	\$S _____ (_____ days)			
Loss of Use (LOU):	\$S 600.00 (\$ 200 x 3 days)			
Loss of Income (LOI):	\$S _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$S _____			
Medical:	\$S _____			
Disbursement:	\$S _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settlement	
Legal Cost	\$S _____		2) Report Format: TP	
Total:	\$S 2,526.00	Global Sum \$S:2,520.00	3) Survey fee: \$400.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S 2,520.00	Name 1: WOODLANDS TRANSPORT SERVICE PTE. LTD.		
Payee 2: (Strike if N.A.)	\$S _____	Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____	Name 3: _____		