

ASSIGNMENT

Surveyor:

Steve

DOI:

21/1/2020

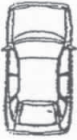
Date / Time:

21/1/2020

Registered in Merimen:

17/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 9407 H

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 16/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

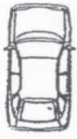
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SFP 5135 G

INSRS:
WSP: Premium
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SFP 5135 G : X ; SLX 9407 H : X	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 checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" 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:
Repair Cost:	P/P S\$ 10,526.24	(5 days)	Reduction: 12,021.76/53 %
FINAL SETTLEMENT		Date/Time: 17/7/2020	Confirm with NADIA
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 28
Repair Cost: (w/GST)	S\$ 11,263.08		
Loss of Rental (LOR):	S\$ 400.00	(4 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\$ 2.00		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$ 11,665.08	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$ 11,665.08	Name 1:	Premium Automobiles Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

