

## ASSIGNMENT

Kbs3

Surveyor:

Kenneth

DOI:

5/2/2020

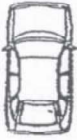
Date / Time:

5/2/2020

Registered in Merimen:

5/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDJ 228K

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 27/1/2020

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

SCL 3613

INSRS:  
WSP: Guan Motor  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SCL 3613 : X	Non-Reporting ltr (1st):	
	SDJ 228K : CS / PC13017546 / Uvm363 ; DOA: 17/9/13	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 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 checked="" 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"/>
21/05/2021	SETTLED AND CLOSED / FILE IN DRAWER		

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	L/S	S\$ 17,550.00 ( 7 days)	Reduction: 43.62 %
FINAL SETTLEMENT		Date/Time: 21/05/2021	Confirm with PHANG
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	
Repair Cost:	S\$ 17,550.00		
Loss of Rental (LOR):	S\$ ( days)		
Loss of Use (LOU):	S\$ 1,050.00 (\$150 x 7 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 )		
Legal Cost	S\$		
Total:	S\$ 18,600.00	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$ 18,600.00	Name 1:	Guan Motor Works
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	