

ASSIGNMENT

Surveyor: **TAUFIKH** DOI: **07/02/2020** Date / Time : **06/02/2020**
Registered in Merimen: **06/02/2020**

Pre-assign / CCU / FTE

 Insured Vehicle No. : **SLW 2265B** Claim No. : **1300891122SG**
Name of Insured : **KU JIT HON** Policy No. : **1800007615**
Insured Tel No. : _____ HP: _____ Make / Model : **MITSUBISHI ATTRAGE-1.2 CVT (A)**
Excess Sec II :S\$ _____ D.O.A : **19/01/2020 18:20** Place of Accident : **JUNCTION OF PANDAN LOOP & WEST COAST HIGHWAY**
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : **TAN CHER LIN, CHERYL** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

FBJ 5956H

 INSRs: _____ WSP: **PANG SCOOTER** _____
Tel: **SERVICE** _____ Tel: _____
Liability: _____ Liability: _____
RMKS: _____ RMKS: _____

Date/ Time	FBJ 5956H - X	SLW 2265B - 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"/>
			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 type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
Post-Repair Photos:
Others:

FINALIZATION Date/Time: _____ Confirm with: _____
Repair Cost: **L/S** S\$ **3,500.00** (**4** days) Reduction: **2,333/ 40** %
Email Call

FINAL SETTLEMENT Date/Time: **4/5/2020** Confirm with **Michael** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia : _____
Repair Cost: S\$ **3,500**

Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ **140.00** (\$ **35** x **4** days)
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ _____
Medical: S\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____

Total: S\$ **3,640** **Global Sum S\$:** _____
1) Claim status: Normal/Reject/Private Settle
2) Report Format: **TP**
3) Survey fee: **\$320**

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

Payee 1: S\$ **3,640** Name 1: **PANG SCOOTER SERVICE**
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

