

**ASSIGNMENT**

Surveyor:

KENNETH

DOI: 10/02/2020

Date / Time : 07/02/2020

Registered in Merimen: 09/02/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : **GBG 3422K**  
 Name of Insured : **BUSINESS INTEGRATOR PTE LTD**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :\$ \_\_\_\_\_ D.O.A : **06/02/2020 06:40**  
 Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_  
 Policy No. : **D18MCV0000605\_01 (COMP)**  
 Make / Model : **MAXUS G10**  
 Place of Accident : **JUNCTION OF AMK AVE 3 AND AMK STREET 23**

If NO, Driver Name / Age : **ROHAIZAT BIN MAT RAHIM**  
 Driver Tel No. : **+65-97100623** (V/L: YES / NO )

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

**SCQ 26B**



INSRS:  
 WSP: **CHENG HOE**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/Time	STAGE	DATE / PIC
	SCQ 26B - CS/MSG20000708/Kqf3e2; DOA : 08.01.2020	
	GBG 3422K - X	
21/05/2020	Pls refer to Views for details.	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	
Repair Cost: <b>L/sum</b> S\$ <b>4,100.00</b> ( <b>4</b> days) Reduction: <b>24</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>21/05/2020</b> Confirm with <b>June</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>4,387.00</b>		
Loss of Rental (LOR): S\$ _____ ( _____ days)		
Loss of Use (LOU): S\$ <b>320.00</b> (\$ <b>80</b> x <b>4</b> 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\$ <b>8.00</b>		
Medical: S\$ _____	1) Claim status: Normal/ <del>Private Settle</del>	
Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost S\$ _____	3) Survey fee: <b>\$350.00</b>	
<b>Total:</b> S\$ <b>4,715.00</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>4,715.00</b>	Name 1: <b>Cheng Hoe Motor Pte Ltd</b>	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	