

INS. CASE OWNER:

## ASSIGNMENT

Surveyor: ADRIANDOI: 11/02/2020Date / Time: 11/02/2020Registered in Merimen: 12/02/2020

## Pre-assign / CCU / FTE

Insured Vehicle No. : SMF 4315E

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 08/02/2020 12:45Place of Accident : PIE TOWARD TUAS

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

SLP 2322G

SMF 4315E

SLL 4382R

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: OIINSRS:  
WSP: CHIN  
Tel : MENG  
Liability :  
RMKS: TPINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMF 4315E - X	SLL 4382R - 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 checked="" 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 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"/>
08/12/2020	SETTLED AND CLOSED / FILE IN DRAWER			

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 2,250.00	( 4 days) Reduction: 45.08 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 08/12/2020	Confirm with QUEK	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$	2,250.00		
Loss of Rental (LOR):	S\$	400.00	( 4 days) X \$100.00	3 veh C.C , OI=2nd car
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\$	7.45		
Medical:	S\$			
Disbursement:	S\$		(e.g. Tow/ Independent )	
Legal Cost	S\$			
Total:	S\$	2,657.45	Global Sum S\$: 2,600.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	2,600.00	Name 1: CHIN MENG MOTORS	
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	

1) Claim status: Normal/Reject/Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$320.00