


## ASSIGNMENT





Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
Registered in Merimen: \_\_\_\_\_

## Pre-assign / CCU / FTE

	Insured Vehicle No. :	_____	Claim No. :	_____
	Name of Insured :	_____	Policy No. :	_____
	Insured Tel No. :	_____ HP: _____	Make / Model :	_____
	<b>Excess Sec II :\$\$</b>	_____ D.O.A : _____	Place of Accident :	_____
	Is driver the owner? ( YES / NO )	Nature of Accident : _____		

If <b>NO</b> , Driver Name / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO )	Insured Liability : % <b>Final ? Yes / No</b>

	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:
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Date/ Time	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:	
	<b>Documentation Check List: Handler Typist</b>	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input 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 type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:
		Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>

<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	KENNETH
Repair Cost: NV	S\$ 35,544.36	( 45 days) Reduction: 95.946.07 %	72	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 21/04/2020	Confirm with: JASMINE	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 :	100%
Repair Cost: (W/GST)	S\$ 38,032.47			C.C (OI LAST)
Loss of Rental (LOR):	S\$ 7567.58	( 61.5 days) x \$123.05		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$ 3075.00	(\$50 x 61.5 days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOU <input checked="" type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$ 6.00			
Medical:	S\$		1) Claim status: Normal	Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format:	TP
Legal Cost	S\$		3) Survey fee:	\$100.00
<b>Total:</b>	<b>S\$ 48,681.05</b>	<b>Global Sum S\$:</b>	<b>48,500.00</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <del>48,500.00</del>	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ 48,500.00	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		