

*Lili Ong*

**ASSIGNMENT**

Surveyor:

**KENNETH**

DOI: **04/03/2020**

Date / Time : **03/03/2020**

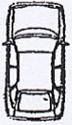
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

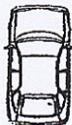


Insured Vehicle No. : **XE 1865D** Claim No. : **19/20/20/VC06/023128**  
 Name of Insured : **Peng Chuan Engineering Construction P/L** Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **ISUZU CYH52S**  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **01/03/2020 11:00** Place of Accident : **JALAN BESAR**  
 Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : **Muthuvel Balu** OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO ) Insured Liability : \_\_\_\_\_ % Final ? Yes / No

**SMP 4555B**



INSRS:  
WSP: **OPTIMA**  
Tel: **WERKZ**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMP 4555B - X	
	XE 1865D - CS3/LPC19019520/R1cf3s2 ; 29/10/2019	Non-Reporting ltr (1st):
	CS3/LPC19019520/R1tf3s2-1 ; 29/10/2019	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 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"/>

*21/5/2021 - Reject TP claim*

**Reject Case**  
 By (staff) : *Hsiao Tong*  
 Approved by : *Vu*  
 Date : *15/06/21*

<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____	Repair Cost: <i>PP</i> S\$ <i>4591.04</i> ( <i>5</i> days) Reduction: <i>55</i> % Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
Repair Cost: S\$ _____	
Loss of Rental (LOR): S\$ _____ ( _____ days)	
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)	
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ _____	
Medical: S\$ _____	1) Claim status: <i>Normal/Reject/Private Settle</i>
Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <i>APP</i>
Legal Cost S\$ _____	3) Survey fee: <i>400.00</i>
<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ _____ Name 1: _____	
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____	