

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 06/03/2020

Date / Time : 05/03/2020

Registered in Merimen: 06/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 1697M

Name of Insured : CHIN LI LING

Insured Tel No. : HP: _____

Excess Sec II :S\$ _____ D.O.A : 05/03/2020 11:40

Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : CHIU ENG HIAP (JIANG RONGXIE) OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-97299230 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

Claim No. : 1202000011630

Policy No. : PNCV2018-00000628

Make / Model : BMW 216D ACTIVE TOURER D/AB LED

Place of Accident : ALONG SIMS AVE EAST

SLR 7906D

INSRS:
WSP: N-51
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLR 7906D - X		
	SLJ 1697M - CC3/AIG17015381/T1hb3q2 ; 07/08/2017	Non-Reporting ltr (1st):	
	CC3/III17003421/R1hb3q2 ; 17/02/2017	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
14/11/2020	Pls refer to Views for details.	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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: L/sum	S\$ 3,500.00 (4 days) Reduction: 39 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 14/11/2020 Confirm with Hui Xin Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 3,745.00		
Loss of Rental (LOR):	S\$ 314.75 (5 days) x \$62.95		
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\$	1) Claim status: Normal/Reject/Under Review	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$500.00	
Total:	S\$ 4,067.20 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	S\$ 4,067.20 Name 1: N-51 Automotive Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		