

**ASSIGNMENT**

Surveyor:

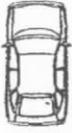
MARCUS

DOI: 24.03.2020

Date / Time : 24.03.2020

Registered in Merimen: 24.03.2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **GBE 6684L**  
 Name of Insured : **LAW INTERIOR DECORATION**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **03/2020 17:20**  
 Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

Claim No. : **8487201251SG**  
 Policy No. : **2100454356**  
 Make / Model : **NISSAN CABSTAR 3.0 5M/T ABS 2DR**  
 Place of Accident : **ALONG AIRPORT ROAD**

If NO, Driver Name / Age : **LAW KIAN LIM**

Driver Tel No. : **+65-96602803** (V/L: YES / NO)

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO

Insured Liability : % **Final ? Yes / No**

**SLL 6554Z**



INSRS:  
WSP: **PRECISE**  
Tel : **AUTO**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SLL 6554Z - X	Non-Reporting ltr (1st):	
GBE 6684L - CS/CTI20004359/d3; 20.03.2020	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by: <b>CKS</b>
Repair Cost: L/S \$S 18,500.00 ( 18 days) Reduction: 47 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 19.10.20	Confirm with: <b>YAN HONG</b>	Email <input 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: w/GST \$S 19,795.00		4 VEH CC OID 3RD
Loss of Rental (LOR): w/GST \$S 2,140.00 ( 20 days) x \$100		
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 8.00		
Medical: \$S -		1) Claim status: Normal <del>Reject/Time Out</del>
Disbursement: \$S - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost \$S -		3) Survey fee: \$320
<b>Total:</b> \$S 21,943.00	<b>Global Sum \$S: 21,940.00</b>	
<b>FINAL PAYMENT</b> Date/Time: 19.10.20	Confirm with: <b>YAN HONG</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$S 21,940.00	Name 1: <b>PRECISE AUTO SERVICE</b>	
Payee 2: (Strike if N.A.) \$S	Name 2:	
Payee 3: (Strike if N.A.) \$S	Name 3:	