

ASSIGNMENT

Surveyor: **KENNETH** DOI: **25/03/2020** Date / Time : **25/03/2020**
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SKS 9063D** Claim No. : **S0M02JR3**
Name of Insured : **PHANG NGIAP FONG (PANG YEFENG)** Policy No. : **GA049445**
Insured Tel No. : _____ HP: **98183039** Make / Model : **BMW 520 I**
Excess Sec II :\$ _____ D.O.A : **22/03/2020 18:05** Place of Accident : **LENTOR AVE TOWARDS ANG MO KIO JUNCTION**
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**

SMP 3165A



INSRS: **Supreme**
WSP: **Auto Service**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

| Date/ Time | SMP 3165A - X | SKS 9063D - X | STAGE | DATE / PIC |
|------------|---------------------------------|---------------|---|--------------------------|
| | | | Non-Reporting ltr (1st): | |
| | | | Non-Reporting ltr (2nd): | |
| | | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non-pickup): | |
| 13/11/2020 | Pls refer to Views for details. | | Call OI: | |
| | | | After call ltr to OI: | |
| | | | Documentation Check List: Handler Typist | |
| | | | 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"/> |
| | | | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: **L/sum** S\$ **3,850.00** (**5** days) Reduction: **55** % Email Call

FINAL SETTLEMENT Date/Time: **13/11/2020** Confirm with **Jake** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **3,850.00**

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ **700.00** (\$ **100** x **7** days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ **2.00**

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ **4,552.00** **Global Sum S\$: 4,550.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **4,550.00** Name 1: ~~Autoworx House~~ **Supreme Auto Service Pte Ltd**

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

- 1) Claim status: Normal/~~Private Settlement~~
- 2) Report Format: **TP**
- 3) Survey fee: **\$350.00**