

ASSIGNMENTSurveyor: KENNETHDOI: 27/03/2020Date / Time : 26/03/2020Registered in Merimen: 27/03/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLD 7327ZClaim No. : 0260218746SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 25/03/2020 18:55Place of Accident : HOUGANG ST 51 & ST 52

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

SLJ 684GINSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLJ 684G - X		
	SLD 7327Z - CC4/FWD19000803/Aeb3q2 ; 07/01/2019	Non-Reporting ltr (1st):	
	CC4/FWD19021731/pb3XX ; 07/12/2019	Non-Reporting ltr (2nd):	
	CC6/AIG17002029/Uha3q2 ; 28/01/2017	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)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Confirm by: <u>KSC</u>	
FINALIZATION Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Repair Cost: <u>P/P</u> S\$ <u>4,034.39</u> (<u>6</u> days) Reduction: <u>10</u> %			
FINAL SETTLEMENT Date/Time: <u>03.12.20</u> Confirm with: <u>JUNE</u>		Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : _____		
Repair Cost: <u>w/GST</u> S\$ <u>4,316.80</u>	<u>OI REAR ENDED TP</u>		
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ <u>420.00</u> (\$ <u>60</u> x <u>7</u> days)			
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>8.00</u>			
Medical: S\$ -	1) Claim status: Normal/ <u>Reject/Private Settle</u>		
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost S\$ -	3) Survey fee: <u>\$320</u>		
Total: S\$ <u>4,744.80</u>	Global Sum S\$: _____		
FINAL PAYMENT Date/Time: <u>03.12.20</u> Confirm with: <u>JUNE</u>		Email ☐ Call ☐	
Payee 1: S\$ <u>4,744.80</u>	Name 1: <u>CHENG HOE MOTOR PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		