

**ASSIGNMENT**Surveyor: LIM TG

DOI: \_\_\_\_\_

Date / Time : 31/03/2020Registered in Merimen: 31/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 1097DClaim No. : 1202000015366

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$

D.O.A : 31/03/2020

Place of Accident : \_\_\_\_\_

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

SMK 3961UINSRS:  
WSP: **TEAM**  
Tel : **AUTOPRO**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMK 3961U - X	Non-Reporting ltr (1st):	
	SLM 1097D - X	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 checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" 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"/>
14/09/2020	SETTLED AND CLOSED / NO PHY FILE		

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:	Confirm by:
<b>FINALIZATION</b>		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 8,100.00 ( 10 days)	Reduction: 55.19 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>		Date/Time: 10/09/2020	Confirm with: ADEL	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	8,100.00		OI rear-ended TP.
Loss of Rental (LOR):	S\$	600.00 ( 6 days)	X \$100.00	
Loss of Use (LOU):	S\$	480.00 (\$ 60 x 8 days)		
Loss of Income (LOI):	S\$	( \$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>		LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	7.45		
Medical:	S\$			
Disbursement:	S\$		(e.g. Tow/ Independent )	
Legal Cost	S\$			
<b>Total:</b>	S\$	9,187.45	<b>Global Sum S\$:</b> 9,150.00	
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	9,150.00	Name 1: TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	