

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 6707K Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$_____ D.O.A : 20/03/2020 14:45 Place of Accident : 713 ANG MO KIO CENTRAL 1 CAR PARK
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

SLT 158G



INSRS:
WSP: LIM TAN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GZ 6707K - CS/CTI18016211/Nvd3e2 ; 03/09/2018	Non-Reporting ltr (1st):	
	CS/INC11015962/Aqm ; 06/08/2011	Non-Reporting ltr (2nd):	
	NBA/CTI19009356/Y ; 26/05/2019	Non-Reporting ltr (Final):	
	SLT 158G - X	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 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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: P/P	S\$ 1,254.40 (2 days) Reduction: \$500.00 % 28	Email	<input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>29/12/2020</u> Confirm with <u>MUI HONG</u>	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:	S\$ 1342.21 W/GST		
Loss of Rental (LOR):	S\$ (days)	PIR - OI CHARGED FOR OFFENCES	
Loss of Use (LOU):	S\$ 120.00 (\$ 60 x 2 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" 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: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$400.00</u>	
Total:	S\$ 1469.66	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email	<input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1469.66 Name 1: <u>LIM TAN MOTOR PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		