

ASSIGNMENT

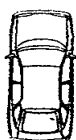
b

Surveyor: KENNETH

DOI: 07/04/2020

Date / Time : 07/04/2020

Registered in Merimen: 07/04/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMC 3695E

Claim No. : 6426858955SG

Name of Insured : MOHAMMED AZHAR BIN YUSOF

Policy No. : 1800077130

Insured Tel No. : HP: +65-96946384

Make / Model : SUBARU FORESTER 2.0I-L CVT AWD SR

Excess Sec II : S\$ D.O.A : 06/04/2020 08:00

Place of Accident : STADIUM CRESCENT

Is driver the owner? (☒ YES / NO) Nature of Accident :

If NO, Driver Name / Age :

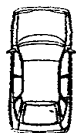
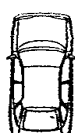
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLD 7520GINSRS:
WSP: COMPLETE
Tel : VMS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLD 7520G - X	SMC 3695E - X	STAGE	DATE / PIC	
			Non-Reporting ltr (1st):		
			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 checked="" type="checkbox"/>	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" 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"/>
11/08/2020	SETTLED AND CLOSED ALL DOCS UPLOADED IN VIEWS		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"/>
PRELIMINARY ADVICE Date/Time:			Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Sent By:			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION Date/Time:			Confirm by:		
Repair Cost: L/S	S\$ 3,900.00	(4 days) Reduction: 52.63 %	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 07/08/2020 Confirm with LILY			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 4	If NO or B 28, Ass. Lia :		
Repair Cost: (W/GST)	S\$ 4,173.00				
Loss of Rental (LOR):	S\$ 600.00	(5 days) X \$120.00			
Loss of Use (LOU):	S\$ (\$ x days)		OI with stop line		
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\$ 7.45				
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP			
Legal Cost	S\$	3) Survey fee: \$320.00			
Total:	S\$ 4,780.45	Global Sum S\$: 4.750.00			
FINAL PAYMENT Date/Time:			Confirm by:		
Payee 1:	S\$ 4.750.00	Name 1:	COMPLETE VMS PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			