

ASSIGNMENT

Surveyor: **KENNETH** DOI: **02/06/2020** Date / Time : **02/06/2020**
Registered in Merimen: **—**

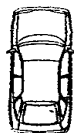
Pre-assign / CCU / FTE

Insured Vehicle No. : **SLH 6250X** Claim No. : _____
Name of Insured : **LENTOR AMBULANCE PTE LTD** Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **30/05/2020** Place of Accident : _____

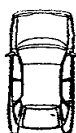
Is driver the owner? (YES / **NO**) Nature of Accident : _____

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**

SLP 7284A

INSRS:
WSP: **CITY AUTO**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLP 7284A - X	SLH 6250X - 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)	☐ ☐
			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:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC	
Repair Cost:	P/P S\$ 3,285.60	(4 days) Reduction:	34 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.02.21	Confirm with: VRONICA	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 3,515.59	OID HIT TP PARKED VEHICLE		
Loss of Rental (LOR):	S\$ 300.00	(5 days) X \$60		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S\$ -			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ -	2) Report Format: TP		3) Survey fee: \$400
Total:	S\$ 3,815.59	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 22.02.21	Confirm with: VRONICA	Email ☐	Call ☐
Payee 1:	S\$ 3,815.59	Name 1:	CITY AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		