

ASSIGNMENTSurveyor: **KENNETH**DOI: **10/06/2020**Date / Time : **09.06.2020**Registered in Merimen: **10.06.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMM 3663U**Claim No. : **8767602366SG**Name of Insured : **LIM HONG HEE**Policy No. : **1800113640**

Insured Tel No. : _____ HP: _____

Make / Model : **MAZDA 3 1.5 SKYACTIV****Excess Sec II :S\$** _____ D.O.A : **05/06/2020**Place of Accident : **SLIP RD INTO PIE**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **IRENE LIM XIAOTING**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **+65-92227780** (V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****GBJ 5511H**INSRS:
WSP: **CHEW GOON**
Tel : **MOTOR**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBJ 5511H - X	SMM 3663U - 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:	
Repair Cost: P/P	S\$ 5,112.60 (5 days) Reduction: 21 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 16/08/2021	Confirm with KELLY	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 5,470.48			
Loss of Rental (LOR):w/GST	S\$ 1,926.00 (10 days) x \$180.00			
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\$ 2.00			
Medical:	S\$		1) Claim status: Normal/ Reject/Private Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 320.00	
Total:	S\$ 7,398.48	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 7,398.48	Name 1:	CHEW GOON MOTOR	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		