

ASSIGNMENT

CC4/AIG20006345/Gpa3

Surveyor: XING GUO QIANG

DOI: 11/06/2020

Date / Time : 05.06.2020

Registered in Merimen: 05.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCF 1808M

Claim No. : 3634621691SG

Name of Insured : SHIE CHIN PENG

Policy No. : 2100470664

Insured Tel No. : HP: _____

Make / Model : TOYOTA CAMRY-2.5 (A)

Excess Sec II : \$ D.O.A : 04/06/2020 07:10

Place of Accident : UPPER CHANGI ROAD TOWARDS PIE

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

GBD 370L

SCF 1808M

SKE 7295M

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS: Kian
WSP: Teong
Tel : Auto
Liability : Centre
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKE 7295M - NA/AIG14014183/d2 ; 26.07.2014	STAGE	DATE / PIC
	SCF 1808M - CC3/AIG10010743/Fn1f2p2 ; 31/05/2010	Non-Reporting ltr (1st):	
	CC6/AIG10000102/T1n1q1q2 ; 09/12/2009	Non-Reporting ltr (2nd):	
	CS/AIG12022254/Uqn ; 12/11/2012	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
19/01/2021	Pls refer to VIEWS for details.	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: L/sum	S\$ 1,500.00 (4 days) Reduction: 67 %	Email	☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/01/2021 Confirm with Wendy	Email	☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	0
Repair Cost: w/GST	S\$ 1,605.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 400.00 (\$100 x 4 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [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\$ 2,012.45	Global Sum S\$:	2,012.00
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email	☒ Call ☐
Payee 1:	S\$ 2,012.00	Name 1:	KIAN TEONG AUTO CENTRE
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	