

**ASSIGNMENT**

Surveyor: Adrian

DOI: 01/07/2020

Date / Time : 26/06/2020

Registered in Merimen: 26/06/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMS 631A

Claim No. : 1079870738SG

Name of Insured : YEW MING KANG

Policy No. : 2070005241

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : KIA CERATO-1.6 (A)

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 24/06/2020

Place of Accident : GAMBAS AVE TOWARDS YISHUN

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

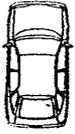
If NO, Driver Name / Age : \_\_\_\_\_

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

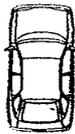
Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO)

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

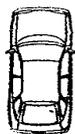
GBJ 2524R →



INSRS:  
WSP: **DYNAMIC AUTOWORK**  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	GBJ 2524R - X	SMS 631A - 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:	
			<b>Documentation Check List: Handler Typist</b>	
			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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by: <b>LWP</b>	
Repair Cost: <b>L/S</b> S\$ <b>2,900.00</b> ( <b>4</b> days) Reduction: <b>73</b> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>25.01.21</b> Confirm with <b>MICHELLE</b>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>			If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>3,103.00</b>			<b>OI REAR ENDED TP</b>	
Loss of Rental (LOR): S\$ <b>-</b> ( _____ days)				
Loss of Use (LOU): S\$ <b>400.00</b> (\$ <b>100</b> x <b>4</b> days)				
Loss of Income (LOI): S\$ <b>-</b> (\$ _____ 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\$ <b>29.00</b>				
Medical: S\$ <b>-</b>			1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )			2) Report Format: <b>TP</b>	
Legal Cost S\$ <b>-</b>			3) Survey fee: <b>\$320</b>	
<b>Total:</b> S\$ <b>3,532.00</b>		<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time: <b>25.01.21</b> Confirm with: <b>MICHELLE</b>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>3,532.00</b>	Name 1:	<b>DYNAMIC AUTOWORK PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2:			
Payee 3: (Strike if N.A.) S\$ _____	Name 3:			