

LKK:
IDAC:

ASSIGNMENT

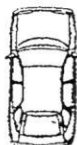
Surveyor: RASUL

DOI: 01/07/2020

Date / Time : 30/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 469X

Claim No. : _____

Name of Insured : CHUA QUEE HONG LINDA

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :SS D.O.A: 24/06/2020

Place of Accident :

Is driver the owner? (YES / **NO**)

Nature of Accident :

If NO, Driver Name / Age :

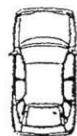
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

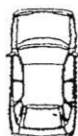
(V/L: **YES** / NO)

Insured Liability :	%	Final ? Yes / No

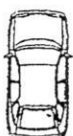
SKQ 537Z



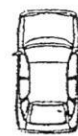
INSRS:
WSP: TRANS
Tel: EUROKARS
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKQ 537Z : X ; SLM 469X : 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 TP acceptance email	☒ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 3,343.60 (3 days)	Reduction: 42.49 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/10/2020	Confirm with Jessica	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 3,577.65		
Loss of Rental (LOR)(W/GST)	S\$ 385.20 (3 days)	X \$120.00	OID rear-ended TP
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: \$400.00
Total:	S\$ 3,962.85	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 3,962.85	Name 1: TRANS EUROKARS PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	