

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **06/07/2020**Registered in Merimen: **06/07/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJN 926L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **03/07/2020**

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****SMH 4248E**INSRS: KUM CHEW
WSP: MOTOR
Tel : WORKSHOP
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMH 4248E - X	SJN 926L - 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:	S\$ 4,850.00	(5 days) Reduction: 44 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 18/09/2020	Confirm with Mdm Lim Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S\$ 5,189.50		
Loss of Rental (LOR):	S\$ 720.00	(6 days) X \$120	
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\$ -		1) Claim status: Normal/ Reject/Private Settle
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$320
Total:	S\$ 5,909.50	Global Sum S\$:	
FINAL PAYMENT		Date/Time: _____	Confirm with: _____ Email ☐ Call ☐
Payee 1:	S\$ 5,909.50	Name 1:	Kum Chew Motor Workshop
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	