

CC6/QBE20008118/Apa3q2

ASSIGNMENT

Surveyor:

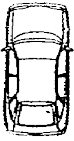
ADRIAN

DOI: 05/08/2020

Date / Time : 05/08/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 5751Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 04/08/2020 18:15

Place of Accident : SLE > BKE

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

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

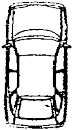
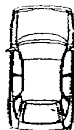
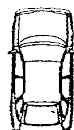
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBC 1329G

INSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBC 1329G - X		GBB 5751Z - X		STAGE	DATE / PIC
					Non-Reporting ltr (1st):	
					Non-Reporting ltr (2nd):	
					Non-Reporting ltr (Final):	
					Notification ltr (if non-pickup):	
22/12/2020	Pls refer to VIEWS for details.				Call OI:	
					After call ltr to OI:	
					Documentation Check List:	Handler
					Notification ltr (if non-pickup)	<input type="checkbox"/>
					After call ltr to OI:	<input type="checkbox"/>
					Authorisation To Act:	<input type="checkbox"/>
					Release Voucher:	<input type="checkbox"/>
					Final Repair Bill:	<input type="checkbox"/>
					Car Rental Invoice:	<input type="checkbox"/>
					Towing Invoice	<input type="checkbox"/>
					LTA / GIA :	<input type="checkbox"/>
					Medical Bill:	<input type="checkbox"/>
					PIR:	<input type="checkbox"/>
					Mandate/Reject Instruction:	<input type="checkbox"/>
					LOD	<input type="checkbox"/>
					Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		<input type="checkbox"/>
				Others:		<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost: L/sum	S\$ 6,000.00	(6 days)	Reduction: 70 %	Email	<input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 22/12/2020	Confirm with Sukyi		Email	<input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 6,000.00					
Loss of Rental (LOR) w/GST	S\$ 856.00	(8 days)	x \$100			
Loss of Use (LOU):	S\$ (\$ x days)					
Loss of Income (LOI):	S\$ (\$ x days)					
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 2.00					
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:		
Legal Cost	S\$			3) Survey fee:		
Total:	S\$ 6,858.00	Global Sum S\$: 6,800.00				
FINAL PAYMENT	Date/Time:	Confirm with:		Email	<input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 6,800.00	Name 1:	SM AUTOMOTIVE			
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				