

**ASSIGNMENT**

Surveyor: BRYAN DOI: 14/08/2020 Date / Time : \_\_\_\_\_  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLW 7827Y Claim No. : \_\_\_\_\_  
 Name of Insured : YEO HWEE BIN Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 11/08/2020 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_

If **NO**, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT:  / NO ; TP GIA REPORT:  / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L:  / NO ) Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

YM 3777H →



INSRS:  
WSP: **TEAMWORK**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input checked="" 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 checked="" 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:
Repair Cost: S\$ 4,400.00 ( 6 days) Reduction: 71 %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 27/10/2020	Confirm with Shu Shan		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15			If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) S\$ 4,708.00			
Loss of Rental (LOR): S\$ 2,000.00 ( 8 days) X \$250			
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\$ 36.45			
Medical: S\$ -			1) Claim status: Normal/ <del>Reject/Private Settle</del>
Disbursement: S\$ - (e.g. Tow/ Independent )			2) Report Format: TP
Legal Cost S\$ -			3) Survey fee: \$320
<b>Total: S\$ 6,744.45</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 6,744.45	Name 1:	Teamwork Garage Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		