

ASSIGNMENT

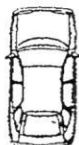
Surveyor: Adrian

DOI: 20/08/2020

Date / Time : 20/08/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 1206G

Claim No. : _____

Name of Insured : KENZO LIGHTING CONSULTANT PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :SS D.O.A: 20/08/2020

Place of Accident :

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

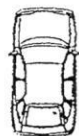
If NO, Driver Name / Age :

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

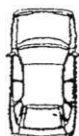
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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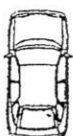
SJH 1464C



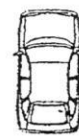
INRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJH 1464C : X ; GBG 1206G : 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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	LWP
Repair Cost:	L/S S\$ 4,800.00 (6 days)	Reduction: 67 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 03.12.20	Confirm with: SUKYI	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,800.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ 500.00 (days)			
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\$ 7.45			
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		
Total:	S\$ 5,307.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 03.12.20	Confirm with: SUKYI	Email ☐	Call ☐
Payee 1:	S\$ 5,307.45	Name 1:	SM AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		