

ASSIGNMENT

CC6/AIG20008889/Apa3

Surveyor: ADRIANDOI: 20/08/2020Date / Time : 20/08/2020Registered in Merimen: 24/08/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMF 399P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 31/07/2020

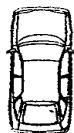
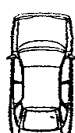
Place of Accident : _____

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**SLV 6355DINSRS:
WSP: **KANG CAR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLV 6355D - CS3/AIG18020921/Jcbe2 ; 16/11/18	Non-Reporting ltr (1st):	
	SMF 399P - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
18/03/2021	Pls refer to VIEWS for details.	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
	*TP Owner claimed LOU & injury thru lawyer.	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input 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 type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/sum	S\$ 15,200.00 (15 days) Reduction: 50 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 18/03/2021 Confirm with Sharon	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 4(a)	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 16,242.00		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only <input 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/Dispute/Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 16,266.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 16,266.00 Name 1: Kang Car Repairers Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		