

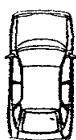
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **21/08/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKV 5188M**Claim No. : **4204310038SG**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **29/06/2020**

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**SMC 9462X**INSRS:
WSP: **Alan's United**
Tel : **Auto Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMC 9462X - 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: KSC	
Repair Cost:	P/P S\$ 1,090.00	(3 days) Reduction:	25 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10.12.20	Confirm with KENNY	Email ☐	Call ☐
Final Liability:	100 % 50	(Agreed / Assessed) BOLA S/N No. : 19	If NO or B 28, Ass. Lia :	
Repair Cost:	SGST : \$1,166.30	S\$ 583.15	BOTH PARTY CHANGE INTO THE SAME LANE	
Loss of Rental (LOR):	\$300	S\$ 150.00	(3 days)	X \$100
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	\$7.45	S\$ 7.45		
Medical:	-	S\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	-	S\$ -	(e.g. Tow/ Independent)	
Legal Cost	-	S\$ -	2) Report Format: TP	
			3) Survey fee: \$320	
Total:	\$1,473.75	S\$ 740.60	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 10.12.20	Confirm with: KENNY	Email ☐	Call ☐
Payee 1:	S\$ 740.60	Name 1:	ALAN'S UNITED AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		