

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **01.09.2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YP 9456D**Claim No. : **DM20HO01224/SG**Name of Insured : **TTK SERVICES PTE LTD**Policy No. : **DMCPHQ19-004727**

Insured Tel No. : _____ HP: _____

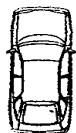
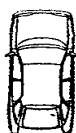
Make / Model : **ISUZU LORRY + CANOPY****Excess Sec II :S\$** _____ D.O.A : **19/08/2020 11:40**Place of Accident : **GEYLANG METHODIST SECONDARY SCHOOL**

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

If **NO**, Driver Name / Age : **TONG FAI WONG**

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

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

Insured Liability : % **Final ? Yes / No****SKV 7029B**INSRS:
WSP: **TRANS**
Tel : **EUROKARS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKV 7029B - X	YP 9456D - 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:	
Repair Cost: P/P	S\$ 4,200.20 (3 days) Reduction: 50 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 19/11/2020 Confirm with Jen		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 4,494.21			
Loss of Rental (LOR) w/GST	S\$ 385.20 (3 days) x \$120.00			
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\$ 2.00			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$400.00	
Total:	S\$ 4,881.41	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 4,881.41	Name 1:	Trans Eurokars Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		