

**ASSIGNMENT**

Surveyor: Kenneth

DOI: 08/09/2020

Date / Time : 09/09/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBA 612E

Claim No. : \_\_\_\_\_

Name of Insured : BUILDFORMS CONSTRUCTION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 05/09/2020

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**

**GBD 2653H**



INSRS: \_\_\_\_\_  
WSP: COMPLETE VMS  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
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RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	GBD 2653H : X	
	GBA 612E : NBA/LPC20009558/Y ; DOA : 05/09/2020	
	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 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"/>

<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: L/S S\$ 7050.00 ( 7 days) Reduction: 7240.00 % 51 Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: <u>14/12/2020</u> Confirm with <u>LILY</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0%
Repair Cost: S\$ 7543.50 W/GST
Loss of Rental (LOR): S\$ 560.00 ( 7 days) x \$80.00 C.C (OI 2ND)
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 + LO <input type="checkbox"/> [Tick only one]
GIA/LTA Search S\$ 7.45
Medical: S\$
Disbursement: S\$ (e.g. Tow/ Independent )
Legal Cost S\$
<b>Total:</b> S\$ 8110.95 <b>Global Sum S\$:</b>
1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$400.00

<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$8110.95 Name 1: COMPLETE VMS PTE LTD
Payee 2: (Strike if N.A.) S\$ Name 2: _____
Payee 3: (Strike if N.A.) S\$ Name 3: _____