

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 21/09/2020Registered in Merimen: 21/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHB 4452Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/09/2020 19:15Place of Accident : BISHAN ST 11 TOWARDS BRADELL ROAD EXIT

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****SJC 3132Z** →INSRS:
WSP: WAH HONG
Tel : MOTORS &
Liability : CREDIT PTE LTD
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJC 3132Z - CS/CT116006019/Uqbc2 ; 30/03/2016	Non-Reporting ltr (1st):	
	CS/TP11002493/Ucg1 ; 05/04/2011	Non-Reporting ltr (2nd):	
	SHB 4452Y - CC4/III20007464/R1pa3 ; 17/07/2020	Non-Reporting ltr (Final):	
	CF/AIG08026799/aw ; 30/01/2007	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:	
Repair Cost: L/S	S\$ 6900.00 (6 days) Reduction: 4514.10 % 39	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/12/2020 Confirm with JENNY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost:	S\$ 7383.00 W/GST		
Loss of Rental (LOR):	S\$ (days)	C.C (OI LAST)	
Loss of Use (LOU):	S\$ 480.00 (\$60.00 x 8 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 14.00		
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: \$500.00	
Total:	S\$ 7877.00 Global Sum S\$: 7850.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 7850.00 Name 1: WAH HONG MOTORS & CREDIT PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		