

ASSIGNMENT

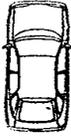
Surveyor: Kenneth

DOI: 02/11/2020

Date / Time : 22/09/2020

Registered in Merimen: 22/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 8943Z
 Name of Insured : MR MUHAMMAD FATHULLAH BIN MOHAMED HARUN

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 21/09/2020

Place of Accident : _____

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

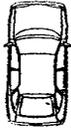
If NO, Driver Name / Age : _____

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

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

Insured Liability : _____ % **Final ? Yes / No**

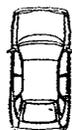
SKQ 4570A → _____ → _____ → _____ → _____



INSRS: _____
 WSP: **KGC**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SKQ 4570A : X ; SMN 8943Z : X	
	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)	<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"/>

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\$ 2,550.00 (5 days) Reduction: 69 % Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: 13.01.2021 Confirm with POH KIN Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 80 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: 2,728.50 S\$ 2,182.8
Loss of Rental (LOR): 385.20 S\$ 308.16 (2 days) x 180.00
Loss of Use (LOU): 300.00 S\$ 240.00 (\$ 100 x 3 days)
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> LOR + LOU <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\$ 2,732.96 Global Sum S\$: 2,650.00	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 2,650.00 Name 1: KGC WORKSHOP PTE LTD
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____