

ASSIGNMENT

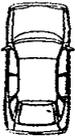
Surveyor: **KENNETH**

DOI: _____

Date / Time : **23/9/2020**

Registered in Merimen: **---**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBD 3750D**

Claim No. : **19/20/20/VC00/023694**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

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

Place of Accident : _____

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

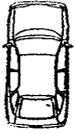
If NO, Driver Name / Age : _____

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

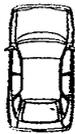
Driver Tel No. : _____ (V/L: YES / NO)

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

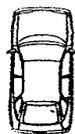
SLZ 4501R



INSRS:
WSP: **HUI YANG**
Tel : **MOTOR**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|---|--|
| | SLZ 4501R - X | GBD 3750D - 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 checked="" type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | LOD | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| 15/12/2020 | SETTLED AND CLOSED / ALL DOCS IN P DRIVE | |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | | |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | |
| Repair Cost: L/S S\$ 9,900.00 (8 days) Reduction: 39.47 % Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| FINAL SETTLEMENT Date/Time: 09/12/2020 Confirm with BEL 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 : 100% | | |
| Repair Cost: (W/GST) S\$ 10,593.00 | | |
| Loss of Rental (LOR): S\$ _____ (_____ days) | | 3 veh chain collision, |
| Loss of Use (LOU): S\$ 495.00 (\$ 55 x 9 days) | | OID is last veh |
| Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days) | | |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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\$ 11,090.00 Global Sum S\$: 11,000.00 | | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| Payee 1: S\$ 11,000.00 Name 1: HUI YANG MOTOR PTE LTD | | |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____ | | |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____ | | |