

ASSIGNMENT

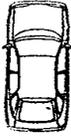
Surveyor: XGQ

DOI: 23/09/2020

Date / Time : 23/09/2020

Registered in Merimen: 23/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKJ 3667Z

Claim No. : _____

Name of Insured : LEE AH SAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 28/08/2020

Place of Accident : _____

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

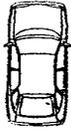
If NO, Driver Name / Age : _____

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

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

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

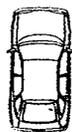
SKW 913P



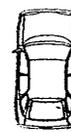
INSRS: WSP: CHEW GOON
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
	SKW 913P : NA/AIG20009126/h4 ; DOA : 28/08/2020	
	SKJ 3667Z :	
	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: <u>XGQ</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: <u>P/P</u> S\$ <u>1,196.40</u> (<u>2</u> days) Reduction: <u>34</u> %	

FINAL SETTLEMENT Date/Time: <u>18.03.21</u> Confirm with <u>KELLY</u> Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u> If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>1,280.15</u> OI REVERSED INTO PARKING LOT HIT TP	

Loss of Rental (LOR): S\$ - (_____ days)	
Loss of Use (LOU): S\$ <u>240.00</u> (\$ <u>60</u> x <u>4</u> days)	
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ <u>29.00</u>	
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost S\$ -	3) Survey fee: <u>\$320</u>
Total: S\$ <u>1,549.15</u> Global Sum S\$:	

FINAL PAYMENT Date/Time: <u>18.03.21</u> Confirm with: <u>KELLY</u> Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Payee 1: S\$ <u>1,549.15</u> Name 1: <u>CHEW GOON MOTOR</u>	
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____	