

ASSIGNMENT

Surveyor: Kenneth DOI: 05/10/2020 Date / Time : 01/10/2020

Registered in Merimen: 01/10/2020

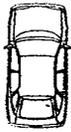
Pre-assign / CCU / FTE



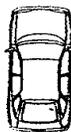
Insured Vehicle No. : SMS 9563D Claim No. : _____
 Name of Insured : NICOLAE SASARAN Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 30/09/2020 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

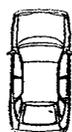
SLV 6253P



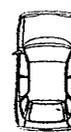
INSRS:
WSP: HWA SENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLV 6253P : X	Non-Reporting ltr (1st):	
	SMS 9563D : CC3/AIG20010543/Asd3 ; DOA : 30/09/2020	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: KSC
Repair Cost: L/S	S\$ 3,450.00	(6 days) Reduction: 35 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 08.01.21	Confirm with HWEE BOON	Email <input type="checkbox"/> Cal <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 2	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 3,450.00	OID MAKE A RIGHT TURN INTO MINOR ROAD HIT TP	
Loss of Rental (LOR):	S\$ -	(_____ days)	
Loss of Use (LOU):	S\$ 300.00	(\$ _____ x _____ 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\$ 7.45		
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: \$320
Total:	S\$ 3,757.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 08.01.21	Confirm with: HWEE BOON	Email <input type="checkbox"/> Cal <input type="checkbox"/>
Payee 1:	S\$ 3,757.45	Name 1: HWA SENG SPRAY PAINTING COMPANY	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	