

**ASSIGNMENT**

Surveyor: Taufikh

DOI: 05/10/2020

Date / Time : 05/10/2020

Registered in Merimen: 05/10/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMR 296P

Claim No. : \_\_\_\_\_

Name of Insured : QIN XIANG

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 02/10/2020

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**

**SLN 40T**



INSRS:  
WSP: PERFORMANCE  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLN 40T : X	
	SMR 296P : CC3/AIG20010666/Aqf3 ; DOA : 02/10/2020	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by: <b>MTH</b>
Repair Cost: <b>P/P</b> S\$ <b>23,884.65</b> ( <b>9</b> days) Reduction: <b>18</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>17.05.21</b> Confirm with <b>MELANIE</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>		If NO or B 28, Ass. Lia :
Repair Cost: <b>w/GST</b> S\$ <b>25,556.58</b>		<b>OI REVERSED HIT TP</b>
Loss of Rental (LOR) <b>w/GST</b> S\$ <b>1,027.20</b> ( <b>8</b> days) <b>X \$120</b>		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> <b>[Tick only one]</b>		
GIA/LTA Search S\$ <b>2.00</b>		
Medical: S\$ -		1) Claim status: Normal/ <del>Reject/Private Settle</del>
Disbursement: S\$ - (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost S\$ -		3) Survey fee: <b>\$320</b>
<b>Total:</b> S\$ <b>26,585.78</b> <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time: <b>17.05.21</b> Confirm with: <b>MELANIE</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <b>26,585.78</b> Name 1: <b>PERFORMANCE MOTORS LTD</b>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		