

ASSIGNMENT

Surveyor:

LTG

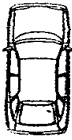
DOI:

13/10/2020

Date / Time :

14/10/2020

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **E 2020C**

Claim No. : _____

Name of Insured : **HO CHIN SENG**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ D.O.A : **07/10/2020**

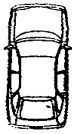
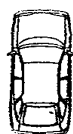
Place of Accident : _____

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****SGY 6376L**INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SGY 6376L : X ; E 2020C : X**STAGE****DATE / PIC**

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)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

28/02/2021**Pls refer to Views for details.**

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\$ 6,700.00	(8 days)	Reduction: 83	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 28/02/2021	Confirm with: Adel	Email <input type="checkbox"/>	Cal <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :		
Repair Cost: W/GST	S\$ 7,169.00					
Loss of Rental (LOR):	S\$ 1,369.60	(8 days)	x \$160.00			
Loss of Use (LOU):	S\$	(\$ x days)				
Loss of Income (LOI):	S\$	(\$ x days)				
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	[Tick only one]			
GIA/LTA Search	S\$ 29.00					
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle				
Disbursement:	S\$	(e.g. Tow/ Independent)				
Legal Cost	S\$	2) Report Format:				
		3) Survey fee:				
Total:	S\$ 8,567.60	Global Sum S\$: 8,500.00				
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/>	Cal <input type="checkbox"/>	
Payee 1:	S\$ 8,500.00	Name 1:	TEAM AUTOPRO PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				