

ASSIGNMENT

Surveyor:

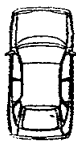
TAUFIKH

DOI: 23/10/2020

Date / Time : 21/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 2608E

Claim No. : 19/20/20/VC00/023800

Name of Insured : UNITED ENGINEERING PTE LTD

Policy No. : Z/19/VC00/105337

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA DYNA 150 MANUAL

Excess Sec II :S\$ _____ D.O.A : 21/10/2020 10:30

Place of Accident : TRAFFIC LIGHT JUNCTION OF WOODLANDS ST 12

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

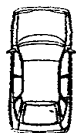
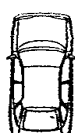
If NO, Driver Name / Age : SUBRAMANIAN KUMARAVEL

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

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

Insured Liability : % Final ? Yes / No

SJE 5918A

INSRS:
WSP: VFIX AUTO
Tel : SERVICE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJE 5918A - x	GBA 2608E - 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)	<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"/>
15/12/2020	SETTLED AND CLOSED / ALL DOCS		PIR:	<input type="checkbox"/> <input type="checkbox"/>
	IN P DRIVE		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"/>
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/S	S\$ 5,000.00 (7 days) Reduction: 77.42 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 10/12/2020	Confirm with TOK WEI JIE	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 : 0%	
Repair Cost: (W/GST)	S\$ 5,350.00			
Loss of Rental (LOR):	S\$ (days)		3 veh chain collision , OID is 2nd car .	
Loss of Use (LOU):	S\$ 1,050.00 (\$150 x 7 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 + LOI <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: \$400.00	
Total:	S\$ 6,407.45	Global Sum S\$: 6,300.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 6,300.00	Name 1: VFIX AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		