

**ASSIGNMENT**Surveyor: Sun PinDOI: 05/11/2020Date / Time : 30/10/2020Registered in Merimen: 30/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKK 7236C

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

Name of Insured : \_\_\_\_\_

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 23/10/2020 10:40Place of Accident : ALONG BOON LAY WAY

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**CB 6468ZINSRS:  
WSP: A T Auto  
Tel : Consultant  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time																																			
	<b>CB 6468Z - X</b>	<b>SKK 7236C - X</b>	<b>STAGE</b> 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:</b> <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Handler	Typist	Notification ltr (if non-pickup)	<input type="checkbox"/>	After call ltr to OI:	<input type="checkbox"/>	Authorisation To Act:	<input type="checkbox"/>	Release Voucher:	<input type="checkbox"/>	Final Repair Bill:	<input type="checkbox"/>	Car Rental Invoice:	<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	LTA / GIA :	<input type="checkbox"/>	Medical Bill:	<input type="checkbox"/>	PIR:	<input type="checkbox"/>	Mandate/Reject Instruction:	<input type="checkbox"/>	LOD	<input type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/>	Others:	<input type="checkbox"/>
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<u>19/11/2021</u>	<u>Pls refer to VIEWS for details.</u>																																		
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____																																			
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____																																			
Repair Cost: <u>P/P</u>	S\$ <u>966.40</u> ( <u>3</u> days) Reduction: <u>92</u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>																																
<b>FINAL SETTLEMENT</b> Date/Time: <u>19/11/2021</u> Confirm with: <u>Alan</u>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>																																
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :																																	
Repair Cost:	S\$ <u>966.40</u>																																		
Loss of Rental (LOR):	S\$ _____ ( _____ days)																																		
Loss of Use (LOU):	S\$ <u>480.00</u> (\$ <u>120</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 + LOI <input type="checkbox"/> [Tick only one]																																			
GIA/LTA Search	S\$ <u>7.45</u>																																		
Medical:	S\$ _____	1) Claim status: Normal/ <del>Reject/Private Settle</del>																																	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>																																	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>																																	
<b>Total:</b>	S\$ <u>1,453.85</u>	<b>Global Sum S\$: 1,450.00</b>																																	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>																																
Payee 1:	S\$ <u>1,450.00</u>	Name 1:	<u>AT AUTO CONSULTANT</u>																																
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:																																	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:																																	