

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 03/11/2020Registered in Merimen: 03.11.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHC 8094R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 27/10/2020 11:55Place of Accident : OUTSIDE 462A CLEMENTI AVE 3
MSCP

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**SHC 8094RGBG 908XSLR 4062HINSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP:
Tel :
Liability :
RMKS: **Abwin Service Pte Ltd TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBG 908X - X	SHC 8094R - 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 :	☒
08/01/2021	SETTLED AND CLOSED / NO PHY FILE		Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☒
			LOD	☒
			Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: L/S	S\$ 3,000.00	(4 days) Reduction: 65.53 %	Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: 05/01/2021 Confirm with: GERINE			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100	
Repair Cost: (W/GST)	S\$ 3,210.00			
Loss of Rental (LOR): (W/GST)	S\$ 556.40	(4 days) x \$130.00	3 vehicle chain collision ,	
Loss of Use (LOU):	S\$ (\$ x days)		OID is last car	
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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: \$350.00	
Total:	S\$ 3,773.85	Global Sum S\$: 3,750.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Payee 1:	S\$ 3,750.00	Name 1: ABWIN SERVICE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		