

Surveyor:

Kenneth

DOI:

ASSIGNMENT
16/11/2020

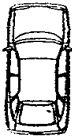
Date / Time :

16/11/2020

Registered in Merimen:

16/11/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SGV 2248R

Claim No. : _____

Name of Insured : TEO WEI LIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

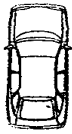
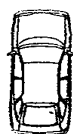
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/11/2020

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 / NODriver Tel No. : _____ (V/L: YES / NO)Insured Liability : _____ % **Final ? Yes / No**SJF 9177P →INSRS:
WSP: CHEW GOON
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJF 9177P : CC6/AXA14010058/M1py3q2 ; DOA : 27/05/2014	Non-Reporting ltr (1st):	
	SGV 2248R : NA/AIG18014564/k4 ; DOA : 11/08/2018	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/S</u>	S\$ <u>2,800.00</u> (<u>5</u> days) Reduction: <u>43.29</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>05/05/2021</u> Confirm with <u>KELLY</u>		Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ <u>2,996.00</u>		
Loss of Rental (LOR) (W/GST)	S\$ <u>898.80</u> (<u>7</u> days) x \$120.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>3,896.80</u> Global Sum S\$: <u>3,890.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ <u>3,890.00</u> Name 1: <u>CHEW GOON MOTOR</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		