

ASSIGNMENT

Surveyor: Adrian

DOI: 17/11/2020

Date / Time : 16/11/2020

Registered in Merimen: 16/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SME 9X

Claim No. : _____

Name of Insured : LEE TEE CHIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 15/11/2020

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 / NO

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

Insured Liability : _____ % **Final ? Yes / No**

SLK 5947K → _____ → _____ → _____ → _____



INSRS: _____
WSP: SIN YU SIN
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
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INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SLK 5947K : X ; SME 9X	
	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 checked="" 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 checked="" 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"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

30/04/2021 SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <u>L/S</u>	\$S <u>6,500.00</u> (<u>9</u> days) Reduction: <u>46.59</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>27/04/2021</u> Confirm with <u>WEI LEANG</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost:	\$S <u>6,500.00</u>		
Loss of Rental (LOR):	\$S <u>1,000.00</u> (<u>10</u> days) <u>X \$100.00</u>		
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$S <u>7.45</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>7,507.45</u> Global Sum \$S: <u>7,500.00</u>		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S <u>7,500.00</u> Name 1: <u>SIN YU SIN WORKSHOP</u>		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		