

ASSIGNMENT

Surveyor: Kenneth

DOI: 17/11/2020

Date / Time : 17/11/2020

Registered in Merimen: 17/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 9947P

Claim No. : _____

Name of Insured : ASIA AIRBLAST PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 12/11/2020

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**

SMG 1384U



INSRS:
WSP: HUI YANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 1384U : X		STAGE	DATE / PIC
	GBD 9947P : CS3/AIG20012548/R1vf3 ; DOA : 12/11/2020		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 type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input 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 type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<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: <u>L/S</u>	S\$ <u>\$2,050.00</u>	(<u>3</u> days) Reduction: <u>\$3,905.56</u> % <u>66</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>01/04/2021</u>	Confirm with <u>BEL</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0%</u>	
Repair Cost:	S\$ <u>2,193.50</u>	<u>W/GST</u>		
Loss of Rental (LOR):	S\$ _____	(_____ days)	<u>C.C (OI 2ND)</u>	
Loss of Use (LOU):	S\$ <u>300.00</u>	(\$ <u>100</u> x <u>3</u> 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>2.00</u>			
Medical:	S\$ _____		1) Claim status: <input checked="" type="checkbox"/> 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>2,495.50</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>2,495.50</u>	Name 1: <u>HUI YANG MOTOR PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		