

ASSIGNMENTSurveyor: MarcusDOI: 19/11/2020Date / Time : 18/11/2020Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SKU 8834S

Claim No. : _____

Name of Insured : ONG PIN

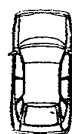
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/11/2020

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**SKW 4783X → _____ → _____ → _____ → _____INSRS:
WSP: HUP MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKW 4783X : <u>NBA/QBE20012619/Y ; DOA : 14/11/2020</u>	STAGE DATE / PIC
	SKU 8834S :	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 : ☐ ☐
		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: CKS
Repair Cost: P/P S\$ 400.00 (2 days) Reduction: 86 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.04.21 Confirm with DAVID	Email ☐ Call ☐
Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: \$400.00 S\$ 200.00		CONFLICTING VERSION
Loss of Rental (LOR): - S\$ - (_____ days)		
Loss of Use (LOU): \$120 S\$ 60.00 (\$ 60 x 2 days)		
Loss of Income (LOI): - S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$2.00 S\$ \$2.00		
Medical: - S\$ -		1) Claim status: Normal/Reject/Printed/Scanned
Disbursement: - S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost - S\$ -		3) Survey fee: \$400
Total: \$522.00 S\$ 262.00	Global Sum S\$: 300.00	
FINAL PAYMENT	Date/Time: 07.04.21 Confirm with: DAVID	Email ☐ Call ☐
Payee 1: S\$ 300.00	Name 1: HUP MOTOR TRADING & SERVICE	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	