

ASSIGNMENT

Surveyor: XGQ

DOI: 15/12/2020

Date / Time : 15/12/2020

Registered in Merimen: 15/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 5151Z

Claim No. : _____

Name of Insured : YEE KAH WAI (YU JIAHUI)

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

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

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**

SKB 4710S



INSRS:
WSP: WEI LEE
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
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INSRS:
WSP: _____
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Date/ Time	STAGE	DATE / PIC
	SKB 4710S : NA/INC11013405/c2 ; DOA : 08/07/2011	
	SMG 5151Z : X	
	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 type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
<u>09/04/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	
	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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: L/S S\$ 1,000.00 (4 days) Reduction: 61.03 % Email Call

FINAL SETTLEMENT Date/Time: 08/04/2021 Confirm with KAREN Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : _____

Repair Cost: (W/GST) S\$ 1,070.00

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ 240.00 (\$ 60 x 4 days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ 7.45

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ 1,317.45 Global Sum S\$: 1,280.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 1,280.00 Name 1: WEI LEE MOTOR WORKS

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____