

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 22/12/2020Registered in Merimen: 22/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLF 8285T

Claim No. : _____

Name of Insured : LEE PENG CHUAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 19.12.2020 15:00Place of Accident : 111 CLEMENTI ROAD

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**SBP 8138BINSRS:
WSP: Trident Auto
Tel : Service Centre
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SBP 8138B - NA/INC10010828/s1 ; 03.06.2010</u>	Non-Reporting ltr (1st):	
	<u>SLF 8285T - X</u>	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	☐ ☐
<u>12/05/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: _____		
Repair Cost: <u>L/S</u>	\$S <u>5,600.00</u> (<u>6</u> days) Reduction: <u>46.93</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>12/05/2021</u> Confirm with <u>ZHE CHIAN</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:	\$S <u>5,600.00</u>		
Loss of Rental (LOR):	\$S <u>1,350.00</u> (<u>9</u> days) <u>X \$150.00</u>		
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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>6,957.45</u> Global Sum \$S: <u>6,700.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S <u>6,700.00</u> Name 1: <u>Trident Auto Service Centre Pte Ltd</u>		
Payee 2: (Strike if N.A.)	\$S Name 2: _____		
Payee 3: (Strike if N.A.)	\$S Name 3: _____		