

ASSIGNMENT

Surveyor:

TAUFIKHDOI: **23/12/2020**Date / Time : **23/12/2020**Registered in Merimen: **03/01/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLZ 9512B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **19/12/2020 19:30**Place of Accident : **KALLANG LEISURE PARK > NATIONAL STADIUM**

Is driver the owner? (YES / NO) Nature of Accident : _____

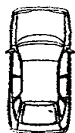
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SLT 8222B**INSRS:
WSP: **NPH AUTO SERVICE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																
	SLT 8222B - X	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> </tr> <tr> <td>Notification ltr (if non-pickup)</td> <td>☐</td> </tr> <tr> <td>After call ltr to OI:</td> <td>☐</td> </tr> <tr> <td>Authorisation To Act:</td> <td>☐</td> </tr> <tr> <td>Release Voucher:</td> <td>☐</td> </tr> <tr> <td>Final Repair Bill:</td> <td>☐</td> </tr> <tr> <td>Car Rental Invoice:</td> <td>☐</td> </tr> <tr> <td>Towing Invoice</td> <td>☐</td> </tr> <tr> <td>LTA / GIA :</td> <td>☐</td> </tr> <tr> <td>Medical Bill:</td> <td>☐</td> </tr> <tr> <td>PIR:</td> <td>☐</td> </tr> <tr> <td>Mandate/Reject Instruction:</td> <td>☐</td> </tr> <tr> <td>LOD</td> <td>☐</td> </tr> <tr> <td>Payment Breakdown Form:</td> <td>☐</td> </tr> <tr> <td>Post-Repair Photos:</td> <td>☐</td> </tr> <tr> <td>Others:</td> <td>☐</td> </tr> </tbody> </table>	STAGE	DATE / PIC	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	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:	☐	Post-Repair Photos:	☐	Others:	☐
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PRELIMINARY ADVICE	Date/Time:	Sent By:																																														
FINALIZATION	Date/Time:	Confirm with:																																														
Repair Cost: L/S	S\$ 1800.00 (2 days) Reduction: \$742.23 % 29	Confirm by:																																														
FINAL SETTLEMENT	Date/Time: 06/04/2021 Confirm with PEGGY	Email ☒ Call ☐																																														
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :																																														
Repair Cost: 1926.00	S\$ 963.00 W/GST																																															
Loss of Rental (LOR):	S\$ (days)																																															
Loss of Use (LOU): 160.00	S\$ 80.00 (\$ 80 x 2 days)	*CONFLICTING VERSION*																																														
Loss of Income (LOI):	S\$ (\$ x days)																																															
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]																																																
GIA/LTA Search	S\$ 7.45																																															
Medical:	S\$	1) Claim status: Normal /Reject/Private Settle																																														
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP																																														
Legal Cost	S\$	3) Survey fee: \$320.00																																														
Total:	S\$ 1,050.45	Global Sum S\$:																																														
FINAL PAYMENT	Date/Time:	Confirm with:																																														
Payee 1:	S\$ 1,050.45	Name 1: NPH AUTO SERVICE																																														
Payee 2: (Strike if N.A.)	S\$	Name 2:																																														
Payee 3: (Strike if N.A.)	S\$	Name 3:																																														