

ASSIGNMENTSurveyor: **XING GUO QIANG**DOI: **19/04/2021**Date / Time : **22/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YP 4131Z**

Claim No. : _____

Name of Insured : **HOCK CHEONG LOGISTICS PTE LTD**Policy No. : **Z/20/VC00/108154**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **19/01/2021 09:00**Place of Accident : **Bendemeer Road towards PIE (TUAS)**

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

If NO, Driver Name / Age : **TAN ENG GUAN**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SLN 2452A**INSRS:
WSP: **PROGRESSIVE**
Tel : **CAR CARE**
Liability : **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLN 2452A - X		
	YP 4131Z - NA/LPC19003652/h4 ; 26.02.2019	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: _____		
Repair Cost: L/S	S\$ 1,800.00 (5 days) Reduction: \$1,010.20 % 36	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: 04/08/2021 Confirm with PEI WEN	Email ☒	Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 18	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): 250	S\$ 125.00 (\$ 50 x 5 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
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: \$400.00	
Total:	S\$ 1,090.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 1,090.00 Name 1: PROGRESSIVE CAR CARE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		