

ASSIGNMENTSurveyor: **MARCUS**DOI: **25/01/2021**Date / Time : **25/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJB 4077Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **22/01/2021 18:25**

Place of Accident : _____

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

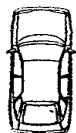
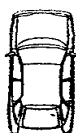
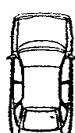
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SKZ 3639X**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					
	SKZ 3639X - X	SJB 4077Z - X	STAGE	DATE / PIC	
			Non-Reporting ltr (1st):		
			Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
09/05/2021	Pls refer to Views for details.		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 type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
			LOD	<input type="checkbox"/>	<input type="checkbox"/>
			Payment Breakdown Form:		<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: L/sum	S\$ 7,200.00 (5 days) Reduction: 43 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT	Date/Time: 09/05/2021 Confirm with Peggy		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 7,704.00				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]					
GIA/LTA Search	S\$ 2.00				
Medical:	S\$		1) Claim status: Normal/Reject/Private Sec'd		
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP		
Legal Cost	S\$		3) Survey fee: \$400.00		
Total:	S\$ 8,006.00	Global Sum S\$: 8,000.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 8,000.00	Name 1: NPH Auto Service			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			