

ASSIGNMENT

CC6/AIG21001363/Upa3

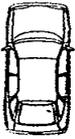
Surveyor: MARCUS

DOI: 28/01/2021

Date / Time : 28/01/2021

Registered in Merimen: 28/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 3876X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 26/01/2021

Place of Accident : _____

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

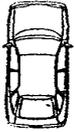
If NO, Driver Name / Age :

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

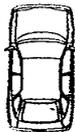
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

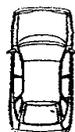
SLB 8328A



INSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	<u>SLB 8328A - X</u>	<u>SLF 3876X - X</u>
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
<u>01/11/2021</u>	<u>Pls refer to VIEWS for details.</u>	
	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"/> <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: <u>L/sum</u> S\$ <u>3,000.00</u> (<u>3</u> days) Reduction: <u>43</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>3,210.00</u>		
Loss of Rental (LOR) <u>w/GST</u> S\$ <u>449.40</u> (<u>3</u> days) x \$140.00		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>2.00</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>3,661.40</u>	Global Sum S\$: <u>3,660.00</u>	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>3,660.00</u>	Name 1: <u>Tan Lim Motor Pte Ltd</u>	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	