

ASSIGNMENT

Surveyor: Kenneth

DOI: 02/02/2021

Date / Time : 01/02/2021

Registered in Merimen: 01/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 9098P
 Name of Insured : PATNALA RANGANAYAKULU
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 28/01/2021
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

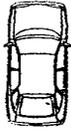
If NO, Driver Name / Age :

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

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

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

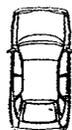
SMH 1714X



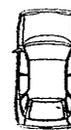
INSRS:
 WSP:
 Tel : AH LIM MOTOR
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SMH 1714X : X ; SMV 9098P : X	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 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: P/P S\$ 611.60 (1 days) Reduction: \$973.20 % 61		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: <u>27/05/2021</u> Confirm with <u>MUI HONG</u>	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: S\$ 654.41 W/GST	
Loss of Rental (LOR): S\$ (days)	
Loss of Use (LOU): S\$ (\$ x days)	
Loss of Income (LOI): S\$ 200.00 (\$ 100 x 2 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ 2.00	
Medical: S\$	

Disbursement: S\$ (e.g. Tow/ Independent)	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Legal Cost S\$	2) Report Format: TP
	3) Survey fee: \$320.00

Total: S\$ 856.41	Global Sum S\$:
--------------------------	------------------------

FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 856.41	Name 1: <u>AH LIM MOTOR COMPANY</u>	

Payee 2: (Strike if N.A.) S\$	Name 2:
Payee 3: (Strike if N.A.) S\$	Name 3: