

ASSIGNMENT

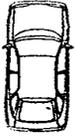
Surveyor: Kenneth

DOI: 03/02/2021

Date / Time : 02/02/2021

Registered in Merimen: 02/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 4200P

Claim No. : _____

Name of Insured : Tan Thong Yon

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 31/01/2021

Place of Accident : _____

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

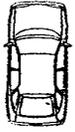
If NO, Driver Name / Age : _____

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

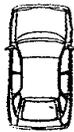
Driver Tel No. : _____ (V/L: YES / NO)

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

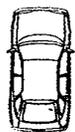
SKZ 8104P



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	STAGE	DATE / PIC
	SKZ 8104P : X ; SMR 4200P : X	
	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: L/S \$S 1,250.00 (3 days) Reduction: \$1,567.44 % 56		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: 03/06/2021	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 1,337.50 W/GST	
Loss of Rental (LOR): \$S 300.00 (3 days) x \$100.00	
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 + LOU <input type="checkbox"/> [Tick only one]	
GIA/LTA Search \$S 2.00	

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

Total: \$S 1,639.50	Global Sum \$S:
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FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Payee 1: \$S 1,639.50	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: