

ASSIGNMENT

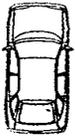
Surveyor: Adrian

DOI: 01/02/2021

Date / Time : 02/02/2021

Registered in Merimen: 02/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 9249E

Claim No. : _____

Name of Insured : Lim Chee Hong

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 04/01/2021

Place of Accident : _____

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

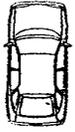
If NO, Driver Name / Age : _____

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

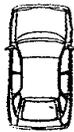
Driver Tel No. : _____ (V/L: YES / NO)

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

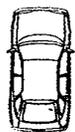
SMG 4877U



INSRS: _____
WSP: **CN MOTORS**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



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WSP: _____
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INSRS: _____
WSP: _____
Tel : _____
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Date/ Time	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 checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

30/04/2021 SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/S** S\$ **5,200.00** (**6** days) Reduction: **73.07** % Email Call

FINAL SETTLEMENT Date/Time: **28/04/2021** Confirm with **SUKYI** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia : _____

Repair Cost: S\$ **5,200.00**

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ **600.00** (\$ **100** x **6** days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ **2.00**

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ **5,802.00** **Global Sum S\$: 5,800.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **5,800.00** Name 1: **CN MOTORS PTE LTD**

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

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

1) Claim status: Normal/Reject/Private Settle
2) Report Format: **TP**
3) Survey fee: **\$320.00**