

ASSIGNMENT

Surveyor: Adrian

DOI: 23/02/2021

Date / Time : 23/02/2021

Registered in Merimen: 23/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMS 3069D

Claim No. : _____

Name of Insured : Lui Teck Ming (Liu Deming)

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/02/2021

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**

SLL 9690T



INSRS: _____
WSP: ISHARE AUTO
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	SLL 9690T : X ; SMS 3069D : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
<u>17/06/2021</u>	<u>Pls refer to VIEWS for details.</u>	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"/>
			Others: <input type="checkbox"/>

FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <u>L/sum</u>	S\$ <u>13,400.00</u>	(<u>14</u> days) Reduction: <u>62</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT	Date/Time: <u>17/06/2021</u>	Confirm with: <u>Michelle</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>

Repair Cost:	S\$ <u>13,400.00</u>		
Loss of Rental (LOR):	S\$ <u>1,000.00</u>	(<u>10</u> days) x \$100	
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 + LO <input type="checkbox"/>	[Tick only one]

GIA/LTA Search	S\$ <u>7.45</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>14,407.45</u>	Global Sum S\$: <u>14,300.00</u>	

FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <u>14,300.00</u>	Name 1: <u>Ishare Auto Pte. Ltd.</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	