

ASSIGNMENTSurveyor: **KENNETH**DOI: **22/02/2021**Date / Time : **22/02/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBH 5579Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **05.02.2021 13:30**

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 6811G**INSRS:
WSP: **KING'S AUTO**
Tel : **SPRAY PAINT**
Liability: **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLL 6811G -		STAGE
	GBH 5579Z -	NA/CTI21001786/h4 ; 05.02.2021	DATE / PIC
		CS/TP20011082/Avd3 ; 07.10.2020	Non-Reporting ltr (1st):
		NA/CTI20010826/r3 ; 07.10.2020	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) ☐ ☐
			After call ltr to OI: ☐ ☐
			Authorisation To Act: ☐ ☐
			Release Voucher: ☐ ☐
			Final Repair Bill: ☐ ☐
			Car Rental Invoice: ☐ ☐
			Towing Invoice ☐ ☐
			LTA / GIA : ☐ ☐
			Medical Bill: ☐ ☐
			PIR: ☐ ☐
			Mandate/Reject Instruction: ☐ ☐
			LOD ☐ ☐
			Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	\$S 2,100.00	(5 days) Reduction: 51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/4/2021	Confirm with AH HUAT	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	\$S 2,100.00		
Loss of Rental (LOR):	\$S 480.00	(4 days) x \$120.00	
Loss of Use (LOU):	\$S	(\$ x days)	
Loss of Income (LOI):	\$S	(\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S 7.45		
Medical:	\$S		1) Claim status: Normal Reject/Private Settle
Disbursement:	\$S	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$S		3) Survey fee: 400.00
Total:	\$S 2,587.45	Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 2,587.45	Name 1: KING'S AUTO SPRAY PAINT PTE LTD	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	