

**ASSIGNMENT**

CC4/LPC21002572/R1pa3q2

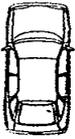
Surveyor: Rasul

DOI: 02/03/2021

Date / Time : 24/02/2021

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBF 3903U

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 23.02.2021 08:40

Place of Accident : \_\_\_\_\_

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

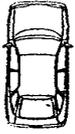
If NO, Driver Name / Age : \_\_\_\_\_

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

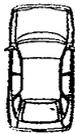
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

**SLU 7215Z**



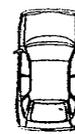
INSRS:  
WSP: **Tan Chong Motor Sales Pte Ltd**  
Tel :  
Liability  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| 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:   |   |
|  | <b>Documentation Check List: Handler Typist</b>                         |   |
|  | 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"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____  | Post-Repair Photos:   | <input type="checkbox"/> <input type="checkbox"/> |
|  | Others:   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____   |   |   |
| Repair Cost: <b>P/P</b> S\$ <b>7,922.16</b> ( <b>4</b> days) Reduction: <b>40</b> %  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |   |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>28/04/2021</b> Confirm with <b>Lawrence</b>  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |   |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>   | If NO or B 28, Ass. Lia :   |   |
| Repair Cost: <b>w/GST</b> S\$ <b>8,476.71</b>  |   |   |
| Loss of Rental (LOR) <b>w/GST</b> S\$ <b>428.00</b> ( <b>4</b> 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 + LOI <input type="checkbox"/> [Tick only one] |   |   |
| GIA/LTA Search S\$ <b>2.00</b>   |   |   |
| Medical: S\$ <b>68.48</b>  | 1) Claim status: Normal/ <del>Reject/Private Sec'd</del>                |   |
| Disbursement: S\$ (e.g. Tow/ Independent )   | 2) Report Format: <b>TP</b>   |   |
| Legal Cost S\$   | 3) Survey fee: <b>\$400.00</b>  |   |
| <b>Total:</b> S\$ <b>8,975.19</b> <b>Global Sum S\$:</b>   |   |   |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                    |   |   |
| Payee 1: S\$ <b>8,975.19</b> Name 1: <b>Tan Chong Motor Sales Pte Ltd</b>  |   |   |
| Payee 2: (Strike if N.A.) S\$ Name 2:  |   |   |
| Payee 3: (Strike if N.A.) S\$ Name 3:  |   |   |