

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **03.03.2021**Registered in Merimen: **03.03.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMP 4842Y**

Claim No. : _____

Name of Insured : **IM JONG-BIN**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **26.02.2021 14:30**Place of Accident : **LORONG AH SOO**

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****PC 8125R**INSRS:
WSP: **HUI YANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 8125R - X	Non-Reporting ltr (1st):	
	SMP 4842Y - CC4/AIG20012144/Kbs3 ; 04.11.2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
27/03/2021	Pls refer to Views for details.	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\$ 900.00 (2 days) Reduction: 80 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 27/03/2021 Confirm with Bel	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 1	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 963.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 200.00 (\$ 100 x 2 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 Settlement	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$320.00	
Total:	S\$ 1,170.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 1,170.45 Name 1: Hui Yang Motor Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		