

**ASSIGNMENT**

Surveyor: Adrian

DOI: 08/03/2021

Date / Time : 09/03/2021

Registered in Merimen: 09/03/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBK 7339X

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

Name of Insured : RENTOKIL INITIAL SINGAPORE PTE LTD

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 05/03/2021

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**

**SLK 683D**



INSRS:  
WSP:  
Tel : LEANG AUTOMOTIVE  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLK 683D : X ; GBK 7339X : X	
	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"/>

<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: L/S \$S\$2,800.00 ( 5 days) Reduction: \$3,761.76 % 57		Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: <u>13/08/2021</u> Confirm with <u>LEANG</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	If NO or B 28, Ass. Lia :
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	
Repair Cost: \$S\$ 2,800.00	
Loss of Rental (LOR): \$S\$ ( days)	
Loss of Use (LOU): \$S\$ 360.00 (\$60 x 6 days)	
Loss of Income (LOI): \$S\$ (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search \$S\$	
Medical: \$S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: \$S\$ (e.g. Tow/ Independent )	2) Report Format: TP
Legal Cost \$S\$	3) Survey fee: \$320.00
<b>Total:</b> \$S\$ 3,160.00 <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\$3,160.00 Name 1: LEANG AUTOMOTIVE		
Payee 2: (Strike if N.A.) \$S\$ Name 2:		
Payee 3: (Strike if N.A.) \$S\$ Name 3:		