

**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **09/03/2021**Date / Time : **09/03/2021**Registered in Merimen: **10/03/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBK 3728H**

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

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

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

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

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

**Excess Sec II :S\$**D.O.A : **12/02/2021 11:25**

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

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

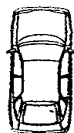
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****SLB 292X**

INSRS:

WSP: **XIN HUA WORKSHOP**

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_

Date/ Time	SLB 292X - X	GBK 3728H - X	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:</b>	<b>Handler</b> <b>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"/>
			Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:			
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: <b>L/S</b>	S\$ <b>\$1,700.00</b> ( <b>4</b> days)	Reduction: <b>\$7,095.93</b> % <b>81</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>18/08/2021</b>	Confirm with <b>kerry</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% <b>50</b> (Agreed / Assessed)	BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :		
Repair Cost: 1,819.00	S\$ <b>909.50</b>	<b>W/GST</b>			
Loss of Rental (LOR): 600	S\$ <b>300.00</b> ( <b>6</b> days )	x \$100	OI TURNING INTO RUBBISH CHUTE,		
Loss of Use (LOU):	S\$ (\$ x days)		TP REVERSING INTO RUBBISH CHUTE		
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>36.45</b>				
Medical:	S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle		
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>		
Legal Cost	S\$		3) Survey fee: <b>\$320.00</b>		
<b>Total:</b>	S\$ <b>1,245.95</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>1,245.95</b>	Name 1:	<b>XIN HUA WORKSHOP PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			