

ASSIGNMENT

Surveyor: OSP DOI: 10/03/2021 Date / Time : 10/03/2021

Registered in Merimen: 10/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 4403H
 Name of Insured : GAN BENG
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 06/03/2021

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

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

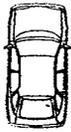
If NO, Driver Name / Age : _____

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

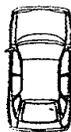
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

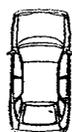
SMA 7354Z



INSRS:
WSP: MY CAR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMA 7354Z : X ; SMK 4403H : 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:	
		Documentation Check List: Handler Typist	
		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"/>

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/S</u> S\$ <u>\$8,650.00</u> (<u>6</u> days) Reduction: <u>\$12,173.44</u> % <u>58</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: <u>30/11/2021</u> Confirm with <u>HUI QIN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :

Repair Cost:	S\$ <u>9,255.50</u> W/GST
Loss of Rental (LOR):	S\$ <u>800.00</u> (<u>8</u> days) x \$100.00
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 + LO <input type="checkbox"/> [Tick only one]	

GIA/LTA Search	S\$ <u>36.45</u>	
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$	3) Survey fee: <u>\$320.00</u>

Total:	S\$ <u>10,091.95</u>	Global Sum S\$: <u>10,000.00</u>
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FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Payee 1:	S\$ <u>10,000.00</u>	Name 1: <u>MY CAR CONSULTANT PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: