

ASSIGNMENT

Surveyor: Marcus

DOI: 15/03/2021

Date / Time : 15/03/2021

Registered in Merimen: 15/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 1316L

Claim No. : _____

Name of Insured : FOCUS RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 12/03/2021

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**

SKE 1534M



INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKE 1534M : NA/AIG16000407/d2 ; DOA : 7/01/2016		STAGE	DATE / PIC
	SMH 1316L : 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:	
	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: L/S	\$S \$1,600.00	(2 days) Reduction: \$6,322.40% 80	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 07/09/2021	Confirm with SHI YING	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,600.00			
Loss of Rental (LOR):	\$S	(days)		
Loss of Use (LOU):	\$S 150.00	(\$ 50 x 3 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 7.45			
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: \$350.00	
Total:	\$S 1,757.45	Global Sum \$S:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S 1,757.45	Name 1: CHOO MOTOR SPRAY PAINTER		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		