

ASSIGNMENT

Surveyor: Adrian DOI: 01/04/2021 Date / Time : 25/03/2021

Registered in Merimen: 25/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 3968U

Claim No. : 9096226241SG

Name of Insured : Ching Yew Hock

Policy No. : 1900245821

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 23/03/2021

Place of Accident : _____

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

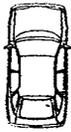
If NO, Driver Name / Age : _____

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

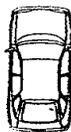
Driver Tel No. : _____ (V/L: YES / NO)

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

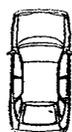
SKF 7700E



INSRS: _____
WSP: **PREMIUM**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SKF 7700E : X ; SMQ 3968U : 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:
Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **LWP**
Repair Cost: **P/P** S\$ **9,082.00** (**3** days) Reduction: **50%** Email Call

FINAL SETTLEMENT Date/Time: **31.03.22** Confirm with **NADIA** Email Call
Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia : _____

Repair Cost: **w/GST** S\$ **9,717.74** **OI MADE ILLEGAL TURN**

Loss of Rental (LOR): S\$ - (_____ days)

Loss of Use (LOU): S\$ **450.00** (\$**150** x **3** days)

Loss of Income (LOI): S\$ - (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ **2.00**

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: **TP**

3) Survey fee: **\$320**

Total: S\$ **10,169.74** **Global Sum S\$:** _____

FINAL PAYMENT Date/Time: **31.03.22** Confirm with: **NADIA** Email Call

Payee 1: S\$ **10,169.74** Name 1: **PREMIUM AUTOMOBILES PTE LTD**

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____