

ASSIGNMENT

Surveyor:

Adrian

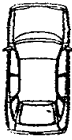
DOI:

30/03/2021

Date / Time :

30/03/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SDP 1970L**

Claim No. : _____

Name of Insured : **HAN HWEE TOO @ HAN WEE CHOO**

Policy No. : _____

Insured Tel No. : _____ HP: _____

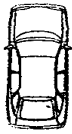
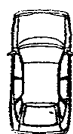
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/03/2021**

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****SJN 8900H**INSRS:
WSP: **MS CAR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJN 8900H : NBA/CTI21004025/Y ; DOA : 26/03/2021	STAGE DATE / PIC
	SDP 1970L : CC4/ASM18005859/Kwb3q2 ; DOA : 26/03/2018	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) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM S\$ 4,300.00 (3 days) Reduction: 71 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 19/01/2023 Confirm with JUNE		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 4,601.00		
Loss of Rental (LOR): S\$ 480.00 (4 days) x \$120		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$350.00
Total: S\$ 5,081.00 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 5,081.00 Name 1: MS CAR AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		