

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 08/04/2021 Date / Time : 07/04/2021  
 Registered in Merimen: ---

**Pre-assign / CCU / FTE**



Insured Vehicle No. : YP 9912D Claim No. : SNM21D201958  
 Name of Insured : \_\_\_\_\_ Policy No. : DMCVSNW00122122000  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 05/04/2021 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**

**GBH 6737C**



INSRS:  
WSP: KT MOTORWERK  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>GBH 6737C - X</b>	<b>YP 9912D -X</b>	
		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: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
			Others: <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <b>L/SUM</b>	<b>S\$ 7,200.00</b>	( <b>6</b> days) Reduction: <b>64</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>24/8/2021</b>	Confirm with <b>JOHN</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :
Repair Cost:	<b>S\$ 7,200.00</b>		
Loss of Rental (LOR)W/GS	<b>S\$ 1,027.20</b>	( <b>8</b> days) x \$120.00	
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 + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	<b>S\$ 7.45</b>		
Medical:	S\$		1) Claim status: Normal/ <del>Reject/Private Settle</del>
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost	S\$		3) Survey fee: <b>400.00</b>
<b>Total:</b>	<b>S\$ 8,234.65</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	<b>S\$ 8,234.65</b>	Name 1: <b>KT MOTORWERK</b>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	