

ASSIGNMENT

Surveyor: Taufikh DOI: 12/04/2021 Date / Time : 12/04/2021

Registered in Merimen: 12/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 3392D
 Name of Insured : RENTOKIL INITIAL SINGAPORE PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 10/04/2021

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

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

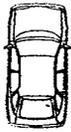
If **NO**, Driver Name / Age : _____

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

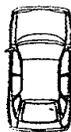
Driver Tel No. : _____ (V/L: **YES** / NO)

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

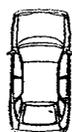
SHC 6766Z



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



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



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



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

Date/ Time	SHC 6766Z : CC4/AXA13016103/M1jm3q2 ; DOA : 28/08/2013	STAGE	DATE / PIC
	YN 3392D : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
03/09/2021	Pls refer to VIEWS for details.	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:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **L/sum** S\$ **1,150.00** (**4** days) Reduction: **83** % Email Call

FINAL SETTLEMENT Date/Time: **03/09/2021** Confirm with **Shafawati** Email Call

Final Liability: % **50** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia : _____
 w/GST Repair Cost: **1,230.50** S\$ **615.25**

Loss of Rental (LOR) **271.04** S\$ **135.52** (**4** days) x \$**67.76**
 Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)

Loss of Income (LOI) **200.00** S\$ **100.00** (\$ **50** x **4** days)
 LOR only LOU only LOR + LOU LOR + LG **[Tick only one]**

GIA/LTA Search S\$ **7.45**
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____
Total: S\$ 858.22 Global Sum S\$: 800.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **800.00** Name 1: **Premier Automotive Services Pte Ltd**
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: **TP**
 3) Survey fee: **\$320.00**