

ASSIGNMENTSurveyor: KennethDOI: 16/04/2021Date / Time : 16/04/2021Registered in Merimen: 16/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMW 952C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/04/2021

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

SKL 4209XINSRS:
WSP: GOLDBELL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKL 4209X - CC3/AXA17021838/Kja3q2 ; 11/11/2017</u>	Non-Reporting ltr (1st):	
	<u>CS/LPC15022154/Fvbd1 ; 23/12/2015</u>	Non-Reporting ltr (2nd):	
	<u>SMW 952C - X</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>17/06/2021</u>	<u>Pls refer to VIEWS for details.</u>	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: <u>L/sum</u>	S\$ <u>7,600.00</u> (<u>6</u> days) Reduction: <u>71</u> %	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: <u>17/06/2021</u> Confirm with <u>Yin Siew</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>W/GST</u>	S\$ <u>8,132.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$ <u>34.50</u>	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format:	<u>TP</u>
Legal Cost	S\$ _____	3) Survey fee:	<u>\$320.00</u>
Total:	S\$ <u>8,528.50</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>8,528.50</u>	Name 1:	<u>Goldbell Engineering Pte Ltd</u>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	