

**ASSIGNMENT**Surveyor: KennethDOI: 26/04/2021Date / Time : 22/04/2021Registered in Merimen: 22/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKJ 5070G

Claim No. : \_\_\_\_\_

Name of Insured : CHUA ENG KIANPolicy No. : 1800088239

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : Citroen GC4 PICASSO 1.2 PURETECH 130 EAT6Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 20/04/2021 07:55Place of Accident : YIO CHU KANG ROAD BEFORE ANG

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

MO KIO ST 66

If NO, Driver Name / Age :

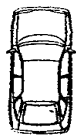
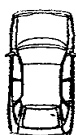
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

Final ? Yes / No

SJN 3649SINSRS:  
WSP: CHENG  
Tel : HOE  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SJN 3649S - X	SKJ 5070G - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
<u>03/02/2022</u>	<u>Pls refer to VIEWS for details.</u>		Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>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: <u>L/sum</u> S\$ <u>4,650.00</u> ( <u>5</u> days) Reduction: <u>32</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <u>03/02/2022</u> Confirm with <u>June</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
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>4,975.50</u>				
Loss of Rental (LOR): S\$ <u>500.00</u> ( <u>5</u> days) x \$100				
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 S\$				
Medical: S\$			1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent )			2) Report Format: <u>TP</u>	
Legal Cost S\$			3) Survey fee: <u>\$320.00</u>	
<b>Total:</b> S\$ <u>5,475.50</u> <b>Global Sum S\$:</b>				
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Payee 1: S\$ <u>5,475.50</u> Name 1: <u>Cheng Hoe Motor Pte Ltd</u>				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				