

ASSIGNMENT

Surveyor: NAZ DOI: 10/05/2021 Date / Time : 06/05/2021
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMY 5607G Claim No. : SNM21D202194/C02/SMY5607G/TANKL
 Name of Insured : _____ Policy No. : DMPCSNW00072232100
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$\$ D.O.A : 16.04.2021 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**

SHC 6975L



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 6975L - CC3/AXA13010691/H1py3c3 ; 11/06/2013	Non-Reporting ltr (1st):	
	CC3/MSG16010071/R1gbd1 ; 30/05/2016	Non-Reporting ltr (2nd):	
	NBA/MSG16009916/k4 ; 30/05/2016	Non-Reporting ltr (Final):	
	SMY 5607G - X	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"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: NAZ	
Repair Cost:	L/S S\$ 1,350.00 (3 days) Reduction: 81 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 26.07.21 Confirm with SHAWAWATI	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%	
Repair Cost:	w/GST S\$ 1,444.50 4VEH CC OI 2ND		
Loss of Rental (LOR):	S\$ 169.40 (2.5 days) X \$67.76		
Loss of Use (LOU):	S\$ - (\$ - x - days)		
Loss of Income (LOI):	S\$ 100.00 (\$ 40 x 2.5 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 2.00		
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: \$400	
Total:	S\$ 1,715.90 Global Sum S\$: 1,710.00		
FINAL PAYMENT	Date/Time: 26.07.21 Confirm with: SHAWAWATI	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1,710.00 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:		