

**ASSIGNMENT**

Surveyor: Kenneth

DOI: 10/06/2021

Date / Time : 10/05/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMD 9159S

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

Name of Insured : TENG YEW WANG

Policy No. : \_\_\_\_\_

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

Make / Model : \_\_\_\_\_

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 07/05/2021

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**

**SMG 3724J**



INSRS:  
WSP: **MBM**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMG 3724J : X ; SMD 9159S : X	
	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"/> <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"/>

<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>	<input type="checkbox"/>
		Others: <input type="checkbox"/>	<input type="checkbox"/>

<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/S</u> S\$ <u>2,400.00</u> ( <u>3</u> days) Reduction: <u>\$3,023.80</u> % <u>56</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: <u>11/08/2021</u> Confirm with <u>IVY</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :

Repair Cost:	S\$ <u>2,568.00</u>
Loss of Rental (LOR):	S\$ <u>428.00</u> ( <u>4</u> days) x <u>107.00</u> W/GST
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 + LO <input type="checkbox"/> [Tick only one]	

GIA/LTA Search	S\$ <u>2.00</u>	
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>
Legal Cost	S\$	3) Survey fee: <u>\$400.00</u>

<b>Total:</b>	S\$ <u>2,998.00</u>	<b>Global Sum S\$:</b>
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<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Payee 1:	S\$ <u>2,998.00</u>	Name 1:	<u>MBM WHEELPOWER PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	