

ASSIGNMENT

Surveyor: Marcus

DOI: 11/05/2021

Date / Time : 11/05/2021

Registered in Merimen: 11/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 6472B

Claim No. : _____

Name of Insured : KONG GENERAL CONTACTOR PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/05/2021

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**

SLZ 2866B



INSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLZ 2866B : NA/INC19002838/h4 ; DOA : 14/02/2019	Non-Reporting ltr (1st):	
	GBF 6472B : CC4/AIG21003294/Kps3 ; DOA : 10/03/2021	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
<u>28/09/2021</u>	<u>Pls refer to VIEWS for details.</u>	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:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/sum</u>	S\$ <u>15,400.00</u> (<u>12</u> days) Reduction: <u>54</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>28/09/2021</u> Confirm with <u>Sharon</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost: <u>W/GST</u>	S\$ <u>16,478.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only <input 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: 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>	
Total:	S\$ <u>16,480.00</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>16,480.00</u> Name 1: <u>Tan Lim Motor Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		