

ASSIGNMENT

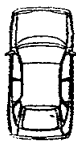
Surveyor:

RASUL

DOI: 19/05/2021

Date / Time : 14/05/2021

Registered in Merimen: 14/05/2021

**Pre-assign / CCU / FTE**

Insured Vehicle No. : YP 5663Z

Claim No. : 7135697724SG

Name of Insured : YONG JOO

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 06/03/2021 10:00

Place of Accident : Queensway, Singapore

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

If NO, Driver Name / Age : NG POH KIANG DAVID

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

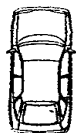
Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

**FBG 7645H**INSRS:  
WSP: Southern Motor.  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	FBG 7645H - X	YP 5663Z - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
21/01/2022	Pls refer to VIEWS for details.		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:	
<b>FINALIZATION</b> Date/Time:			Confirm with:	
Repair Cost: L/sum S\$ 1,150.00 ( 4 days) Reduction: 41 %			Confirm by: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: 21/01/2022 Confirm with: Ti Ti			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 80 (Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 1,230.50	S\$ 984.40 w/GST			
Loss of Rental (LOR):	S\$ ( days)			
Loss of Use (LOU): 100.00	S\$ 80.00 (\$ 25 x 4 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" 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/Printed/Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320.00	
<b>Total:</b>	S\$ 1,064.40	<b>Global Sum S\$: 1,050.00</b>		
<b>FINAL PAYMENT</b> Date/Time:			Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1,050.00	Name 1:	Southern Motor	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		