

ASSIGNMENT

Surveyor: STEVE

DOI: 19/05/2021

Date / Time : 20/05/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ260L

Claim No. : _____

Name of Insured : HYMS Car Leasing Pte Ltd

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 13/05/2021

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**

SHB 530G



INSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHB 530G : CC3/AIG08030602/Zgj ; DOA : 12/11/2008	
	SLZ260L : 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:	
	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: L/SUM S\$ 11,900.00 (14 days) Reduction: 74 %		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: 18/11/2021 Confirm with LEE GEK	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :

Repair Cost: S\$ 11,900.00	
Loss of Rental (LOR): S\$ 2,541.25 (19 days) x \$ 133.75	
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 + LOU <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ 7.00	
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: 400.00
Total: S\$ 14,448.25 Global Sum S\$:	

FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Payee 1: S\$ 14,448.25 Name 1: STRIDES TAXI PTE LTD	
Payee 2: (Strike if N.A.) S\$ Name 2:	
Payee 3: (Strike if N.A.) S\$ Name 3:	