

**ASSIGNMENT**

Surveyor: RASUL

DOI: 07/06/2021

Date / Time : 08/06/2021

Registered in Merimen: 08/06/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SKG 2338X

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

Name of Insured : LYNDA SHIH CHEN CHIANG

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 04/06/2021

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**

**SHF 277S**



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
	SHF 277S : CC3/AIG18021555/R1hb3s2 ; DOA : 26/11/2018	Non-Reporting ltr (1st):	
	SKG 2338X : CC3/AIG15013893/Rwa3q2 ; DOA : 15/08/2015	Non-Reporting ltr (2nd):	
	- Please check / verify OID DL	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: <b>L/SUM</b>	S\$ <b>6,600.00</b> ( <u>7</u> days) Reduction: <b>81</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>18/8/2021</b> Confirm with <b>LEE GEK</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <b>6,600.00</b>		
Loss of Rental (LOR):	S\$ <b>991.89</b> ( <u>9</u> days) <b>110.21</b>		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <b>450.00</b> (\$ <b>50</b> x <u><b>9</b></u> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ <b>7.00</b>		
Medical:	S\$ _____	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$ _____	3) Survey fee: <b>320.00</b>	
<b>Total:</b>	<b>S\$ 8,048.89</b> <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>8,048.89</b> Name 1: <b>SMRT TAXIS PTE LTD.</b>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		