

ASSIGNMENT

Surveyor:

MARCUS

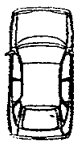
DOI:

09/06/2021

Date / Time :

09/06/2021

Registered in Merimen:

09/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMW 5391M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **08-06-21**

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**SKT 5315Z**INSRS:
WSP: **NPH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKT 5315Z - X	SMW 5391M - 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)	☐ ☐
	After call ltr to OI:	☐ ☐
	Authorisation To Act:	☐ ☐
	Release Voucher:	☐ ☐
	Final Repair Bill:	☐ ☐
	Car Rental Invoice:	☐ ☐
	Towing Invoice	☐ ☐
	LTA / GIA :	☐ ☐
	Medical Bill:	☐ ☐
	PIR:	☐ ☐
	Mandate/Reject Instruction:	☐ ☐
	LOD	☐ ☐
	Payment Breakdown Form:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum S\$ 2,700.00 (4 days) Reduction: 63 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 18/08/2021 Confirm with Peggy	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 2,889.00		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 320.00 (\$ 80 x 4 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
Total: S\$ 3,211.00 Global Sum S\$: 3,200.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 3,200.00	Name 1: NPH Auto Service	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	