

ASSIGNMENT

Surveyor: Kenneth

DOI: 09/06/2021

Date / Time : 09/06/2021

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 6822U

Claim No. : _____

Name of Insured : Goh Zhonghan

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**

SME 4287H



INSRS: _____
WSP: **GUAN MOTOR**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SME 4287H : NBA/MSG19014711/F ; DOA : 21/08/2019	Non-Reporting ltr (1st):	
	SKT 6822U : CC4/EQI19004149/Kja3q2 ; DOA : 02/03/2019	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: P/P	S\$ 2,546.24 (4 days) Reduction: 61 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 23/12/2021 Confirm with PANG	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,546.24		
Loss of Rental (LOR):	S\$ 500.00 (_____ days)		
Loss of Use (LOU):	S\$ _____ (\$ x _____ 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 + LOU <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 7.49		
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: 350.00	
Total:	S\$ 3,053.73 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 3,053.73 Name 1: Guan Motor Works		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		