

ASSIGNMENT

Surveyor: Marcus

DOI: 10/06/2021

Date / Time : 09/06/2021

Registered in Merimen: 09/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 1743C

Claim No. : _____

Name of Insured : TRUST LINK LOGISTICS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 19/12/2020

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**

FBL 1663T



INSRS:
WSP: BAN HOCK HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBL 1663T : X	Non-Reporting ltr (1st):	
	YP 1743C : NA/INC19019248/h4 ; DOA : 30/10/2019	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\$ \$1,033.00 (0.5 days) Reduction: \$679.00 % 40		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>07/09/2021</u> Confirm with <u>RAYMOND</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,105.31 W/GST		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 10.00 (\$ 20 x 0.5 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 + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ _____		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ _____		3) Survey fee: \$350.00
Total:	S\$ 1,122.76	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1,122.76	Name 1: Ban Hock Hin Co. Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	