

ASSIGNMENT

Surveyor: RASUL

DOI: 23/06/2021


Date / Time : 21/06/2021


Registered in Merimen: 21/06/2021


Pre-assign / CCU / FTE


[illegible]

SLK 9452U


 INSRs: **FORZA**
 WSP: **AUTOHAUS**
 Tel: **PTE. LTD.**
 Liability:
 RMKS:


 INSRs:
 WSP:
 Tel:
 Liability:
 RMKS:


 INSRs:
 WSP:
 Tel:
 Liability:
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 INSRs:
 WSP:
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Date/ Time	STAGE	DATE / PIC
SLK 9452U CS/CTI21006350/T1qc ; 13/05/2021	Non-Reporting ltr (1st):	
SMX 3467L NBA/CTI21005820/Y ; 13/05/2021	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:	
21/07/2021	REJECTION EMAIL TO TP - BASED ON OI AUDIO RECORD, TP ADMIT LIABILITY AND INFORM OI THAT HE WILL PAY FOR EVERYTHING ON OIV DAMAGES.	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: L/S	S\$ 1700.00 (4 days) Reduction: \$4,605.35 % 73	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> (Tick only one)		
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: Normal <input type="checkbox"/> Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: REJECT
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ Name 1:	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	