

ASSIGNMENT

Surveyor:

RASUL

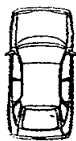
DOI:

22/07/2021

Date / Time :

23/06/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SDP 2352P**Claim No. : **D21001870MVPC**Name of Insured : **HOU KOK MENG**Policy No. : **D-21097714MVPC**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21-06-2021**Place of Accident : **RIVER VALLEY ROAD**

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age :

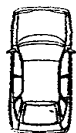
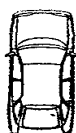
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SDF 7171P**INSRS: **CYCLE & CARRIAGE INDUSTRIES**
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SDF 7171P - X	SDP 2352P - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
01/09/2021	PLEASE REFER TO VIRES FOR DETAILS		Call OI:	
	*SUBMIT WP AS PER FCI INSTRUCTIONS		After call ltr to OI:	
			Documentation Check List:	Handler
			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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	P/P	S\$ 4,686.79 (3 days) Reduction: 28 %	Email	☐
			Call	☐
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____			Email	☐
			Call	☐
Final Liability:	%	(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 ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settlement WP	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 276.00	
Total:	S\$	Global Sum S\$: \$145.00 + \$31.00 + \$50.00 + \$50.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email	☐
			Call	☐
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		