

ASSIGNMENT

Surveyor: Adrian

DOI: 14/07/2021

Date / Time : 15/07/2021

Registered in Merimen: 15/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 1651A

Claim No. : _____

Name of Insured : SKYLINK VEHICLE RENTAL PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 13/07/2021

Place of Accident : _____

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

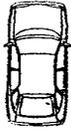
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: **YES** / NO)

Insured Liability : _____ % **Final ? Yes / No**

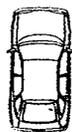
SLU 9676M



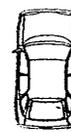
INSRS:
WSP: **MG SOLUTION**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLU 9676M : NA/TMI19010713/r3 ; DOA : 15/06/2019	
	GBC 1651A : 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)	<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: LWP
Repair Cost: L/S S\$ 16,300.00 (16 days) Reduction: 65%		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 29.04.22	Confirm with: SU WONG	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST S\$ 17,441.00		4VEH CC OID LAST
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 1,680.00 (\$ 80 x 21 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: Normal/ Reject/Partial Settle
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$400
Total: S\$ 19,128.45	Global Sum S\$:	
FINAL PAYMENT Date/Time: 29.04.22	Confirm with: SU WONG	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 19,128.45	Name 1: MG SOLUTION PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	