

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16/07/2021
 Registered in Merimen: 16/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : ER 7667B Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 15/07/2021 13:30 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**

SKS 8035S



INSRS:
WSP: **City Auto**
Tel : **Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKS 8035S - X	Non-Reporting ltr (1st):	
	ER 7667B - CS/LPC08020434/Ubg1 ; 16/07/2008	Non-Reporting ltr (2nd):	
	NA/AVI08020332/e1 ; 16/07/2008	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: L/SUM S\$ 950.00 (2 days) Reduction: 77 %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 19/04/2023 Confirm with Vronica			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22			If NO or B 28, Ass. Lia :
Repair Cost: 7%GST S\$ 1,016.50			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ 200.00 (\$ 100 x 2 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 + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 2.00			
Medical: S\$ _____			1) Claim status: Normal/ Reject/Private Sec'd
Disbursement: S\$ _____ (e.g. Tow/ Independent)			2) Report Format: TP
Legal Cost S\$ _____			3) Survey fee: \$320.00
Total: S\$ 1,218.50	Global Sum S\$:		
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 1,218.50	Name 1: City Auto Pte Ltd		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		