

ASSIGNMENT

Surveyor: AdrianDOI: 28/07/2021Date / Time : 01/08/2021Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SGR 158BClaim No. : SNM21D204293Name of Insured : JOHNEY KHOO UNG CHENPolicy No. : DMHCSNW00001142100

Insured Tel No. : _____ HP: _____

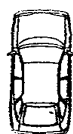
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/07/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SLU 3970CINSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLU 3970C : NA/CTI21008260/r3 ; DOA : 24/07/2021	STAGE
	SGR 158B : CC4/AIG12008768/Ka2a3 ; DOA : 19/04/2012	DATE / PIC
		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) ☐ ☐
		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: LWP
Repair Cost: L/S S\$ 4,200.00 (4 days) Reduction: 80 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14.09.22 Confirm with KERRY	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 4,494.00		OI REAR ENDED TP
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 360.00 (\$ 60 x 6 days)		
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$400
Total: S\$ 4,861.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 14.09.22 Confirm with: KERRY	Email ☐ Call ☐
Payee 1: S\$ 4,861.45	Name 1: XIN HUA WORKSHOP PTE LTD	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	