

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

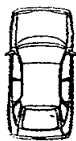
20/08/2021

Date / Time :

20/08/2021

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 2632HClaim No. : SNM21D204634/C02/PC2632H/TAYHP

Name of Insured : _____

Policy No. : DMB1SNW00002332100

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 19/08/2021 10:00

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

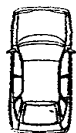
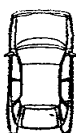
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMC 2379AINSRS:
WSP: KANG CAR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMC 2379A - X</u>	Non-Reporting ltr (1st):	
	<u>PC 2632H - CC6/AIG15002778/Uha3q2; 12/02/2015</u>	Non-Reporting ltr (2nd):	
	<u>CC6/CTI21006876/Aes3q2; 14/06/2021</u>	Non-Reporting ltr (Final):	
	<u>CS/AXA13023166/Acbk3; 04/12/2013</u>	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: <u>LWP</u>		
Repair Cost: <u>L/S</u>	\$S <u>7,600.00</u> (<u>9</u> days) Reduction: <u>32</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>19.07.22</u> Confirm with <u>SHARON</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S <u>8,132.00</u>	<u>OID REAR ENDED TP</u>	
Loss of Rental (LOR):	\$S <u>-</u> (_____ days)		
Loss of Use (LOU):	\$S <u>1,440.00</u> (\$ <u>120</u> x <u>12</u> days)		
Loss of Income (LOI):	\$S <u>✓</u> (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S <u>2.00</u>		
Medical:	\$S <u>-</u>	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	\$S <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S <u>-</u>	3) Survey fee: <u>\$400</u>	
Total:	\$S <u>9,574.00</u>	Global Sum \$S:	
FINAL PAYMENT	Date/Time: <u>19.07.22</u> Confirm with: <u>SHARON</u>	Email ☐	Call ☐
Payee 1:	\$S <u>9,574.00</u>	Name 1:	<u>KANG CAR REPAIRERS PTE LTD</u>
Payee 2: (Strike if N.A.)	\$S _____	Name 2:	
Payee 3: (Strike if N.A.)	\$S _____	Name 3:	