

**ASSIGNMENT**

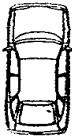
Surveyor: Rasul

DOI: 27/08/2021

Date / Time : 25/08/2021

Registered in Merimen: -

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLP 8242P

Claim No. : 21/21/21/VP05/024878

Name of Insured : CHITTY RAMANATHAN PARVATHI

Policy No. : Z21VP05029399

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 24/08/2021

Place of Accident : \_\_\_\_\_

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

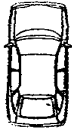
If NO, Driver Name / Age : \_\_\_\_\_

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

Driver Tel No. : \_\_\_\_\_ (V/L:  YES NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

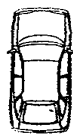
**SLA 4684C**



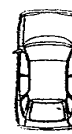
INSRS:  
WSP: **PREMIUM**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLA 4684C : X ; SLP 8242P : X		STAGE	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:	
			<b>Documentation Check List:</b>	<b>Handler</b>
				<b>Typist</b>
			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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	<b>MRB</b>
Repair Cost:	<b>P/P</b> S\$ <b>4,649.50</b>	( <b>4</b> days) Reduction: <b>75%</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>19.04.22</b>	Confirm with <b>NADIA</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	<b>w/GST</b> S\$ <b>4,974.97</b>	<b>OI REAR ENDED TP</b>		
Loss of Rental (LOR):	S\$ -	( _____ days)		
Loss of Use (LOU):	S\$ <b>400.00</b>	(\$ <b>100</b> x <b>4</b> 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 + LOU <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$ <b>2.00</b>			
Medical:	S\$ -		1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>	
Disbursement:	S\$ -	(e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$ -		3) Survey fee: <b>\$400</b>	
<b>Total:</b>	S\$ <b>5,376.97</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: <b>19.04.22</b>	Confirm with: <b>NADIA</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>5,376.97</b>	Name 1: <b>PREMIUM AUTOMOBILES PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		