

ASSIGNMENT

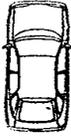
Surveyor: Adrian

DOI: 15/01/2021

Date / Time : 19/01/2021

Registered in Merimen: 19/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJF 1927U

Claim No. : _____

Name of Insured : ZAHIDAH BINTE AKIAK
MRS ZAHIDAH GRINERUD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/01/2021

Place of Accident : _____

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

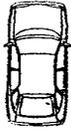
If NO, Driver Name / Age : _____

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

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

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

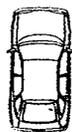
SMR 2560M



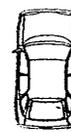
INSRS:
WSP: **POLYMATH**
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SMR 2560M : X SJF 1927U : NBA/III21000773/Y ; DOA : 14/01/2021	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
18/05/2021	Pls refer to Views for details.	Documentation Check List: Handler Typist	
	*SUBMIT WP REPORT TO III	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>	
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>	
15/09/2021	Pls refer to VIEWS for details.	Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>	
	*Reopen for settlement	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"/> <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: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: L/sum S\$ 8,650.00 (<u>9</u> days) Reduction: <u>51</u> %	

FINAL SETTLEMENT Date/Time: <u>09/09/2021</u> Confirm with: <u>Pin Qi</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u> If NO or B 28, Ass. Lia : _____	

Repair Cost: 8,650.00 S\$ 4,325.00	
Loss of Rental (LOR): S\$ _____ (_____ days)	
Loss of Use (LOU): 450.00 S\$ 225.00 (\$ <u>50</u> x <u>9</u> 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\$ _____	
Medical: S\$ _____	1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ 50.00 (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost S\$ _____	3) Survey fee: \$600.00

Total: S\$ 4,600.00 Global Sum S\$: 4,500.00 *Pls cancel 1st invoice AC2103577

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 4,500.00 Name 1: Polymath Garage Pte Ltd	
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____	