

**ASSIGNMENT**

Surveyor: Adrian

DOI: 20/09/2021

Date / Time : 17/09/2021

Registered in Merimen: 17/09/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBE 9567Y

Claim No. : \_\_\_\_\_

Name of Insured : CONNIE TIMBER TRADING

Policy No. : \_\_\_\_\_

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 15/09/2021

Place of Accident : OSCP OF BLK 121 BEDOK RESERVOIR LOT 846

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**

**SMY 2730C**



INSRS:  
WSP: XIN HUA  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMY 2730C : X ; GBE 9567Y : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	TPV: HONDA CIVIC - 1598cc	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	CLAIMAINT: YONG YU DE	<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		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"/>

<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S S\$ <b>\$5,400.00</b> ( 6 days) Reduction: <b>\$12,149.60%</b> 69		Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: 12/01/2022	Confirm with <b>KERRY</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>24</b>	If NO or B 28, Ass. Lia :	

Repair Cost:	S\$ <b>5,778.00</b> W/GST	
Loss of Rental (LOR):	S\$ <b>800.00</b> ( 8 days) x \$100.00	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ <b>36.45</b>	
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/Independent )	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00

<b>Total:</b>	S\$ <b>6,614.45</b>	<b>Global Sum S\$:</b> 6,600.00
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<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>6,600.00</b> Name 1: <b>XIN HUA WORKSHOP PTE LTD</b>	

Payee 2: (Strike if N.A.)	S\$ Name 2:	
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Payee 3: (Strike if N.A.)	S\$ Name 3:	
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