

**ASSIGNMENT**

Surveyor: **ADRIAN** DOI: **07/10/2021** Date / Time : **07/10/2021**  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SJQ 9769Z** Claim No. : **S1M03JC3**  
Name of Insured : **CHUNG AI MEE SYLVIA** Policy No. : **P1235558**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **02.10.2021 21:50** 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**

**SKB 3319X**



INSRS:  
WSP: **NEW ZEN**  
Tel : **WERKZ**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SKB 3319X - X</b>	Non-Reporting ltr (1st):	
	<b>SJQ 9769Z - NA/UOI11026334/s2 ; 22.12.2011</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<b>28/02/2022</b>	<b>Pls refer to VIEWS for details.</b>	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler 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:		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <b>L/sum</b>	S\$ <b>850.00</b> ( <b>2</b> days) Reduction: <b>98</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	<b>28/02/2022</b> Confirm with <b>Chris</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>22</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b>	S\$ <b>909.50</b>		
Loss of Rental (LOR):	S\$ _____ ( _____ days)		
Loss of Use (LOU):	S\$ <b>180.00</b> (\$ <del>90.00</del> <b>2</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 + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ <b>7.45</b>		
Medical:	S\$ _____	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format:	<b>TP</b>
Legal Cost	S\$ _____	3) Survey fee:	<b>\$350.00</b>
<b>Total:</b>	<b>S\$ 1,096.95</b>	<b>Global Sum S\$: 1,100.00 (as per AXA mandate)</b>	
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>1,100.00</b>	Name 1:	<b>New Zen Werkz Pte Ltd</b>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	