

ASSIGNMENT

Surveyor: CKS DOI: 14/10/2021 Date / Time : 11/10/2021
 Registered in Merimen: 11/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 6606G Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 08/10/2021 14:00 Place of Accident : Bedok Reservoir Rd
 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**

SMK 8589D →



INSRS:
WSP: **Hock Wah Motor Workshop Pte Ltd**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SLQ 6606G - X</u>	Non-Reporting ltr (1st):	
	<u>SMK 8589D - CC4/III19017283/Ugb3q2 ; 30.09.2019</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	<u>TPV; HONDA SHUTTLE - 1496cc</u>	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P S\$ \$2,697.50 (4 days) Reduction: \$1,680.50 % 38		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>30/12/2021</u> Confirm with <u>ANYSIA</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 2,886.33			
Loss of Rental (LOR): S\$ 500.00 (5 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 + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 2.00			
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	
Total: S\$ 3,388.33 Global Sum S\$: 3,380.00			
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 3,380.00	Name 1: HOCK WAH MOTOR WORKSHOP PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		