

**ASSIGNMENT**

Surveyor: TAUFIKH

DOI: 15/10/2021

Date / Time : 14/10/2021

Registered in Merimen: 14/10/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMJ 2231E

Claim No. : 4793911669SG

Name of Insured : LU SU CHIU

Policy No. : 1900019112

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 12/10/2021 19:15

Place of Accident : IMM MSCP

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

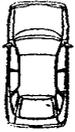
If NO, Driver Name / Age : Steven Lu

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

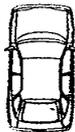
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

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

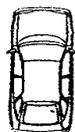
**SJV 629C**



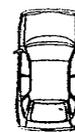
INSRS:  
WSP: Abwin Service  
Tel : Pte Ltd  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SJV 629C - X</b>		
	<b>SMJ 2231E - CC6/AIG20002774/Aka3q2 ; 14.02.2020</b>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	<b>TPV: KIA CERATO - 1591cc</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"/>
	Sent By:	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: L/S	S\$ <b>\$1,300.00</b> ( 3 days) Reduction: <b>\$1,610.00</b> % <b>55</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	<b>04/01/2022</b> Confirm with <b>HAZEL</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>23</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <b>1,391.00</b> W/GST		
Loss of Rental (LOR):	S\$ ( days)		
Loss of Use (LOU):	S\$ <b>250.00</b> (\$ <b>50</b> x <b>5</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>2.00</b>		
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$320.00</b>	
<b>Total:</b>	<b>S\$ 1,643.00</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>1,643.00</b>	Name 1:	<b>ABWIN SERVICE PTE LTD</b>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	