

ASSIGNMENT

Surveyor: **KENNETH** DOI: **19/10/2021** Date / Time : **18/10/2021**
Registered in Merimen: **18/10/2021**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SLP 9676P** Claim No. : **2557862471SG**
Name of Insured : **TEO CHIN KEE** Policy No. : **1700020485**
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **01/10/2021 21:30** Place of Accident : **ALONG NICHOLL HIGHWAY**
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**

SMM 5962T → **SLJ 4137T** → **SLP 9676P** → **SLX 4099X**



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**



INSRS:
WSP: **Cheng Hoe Motor Pte Ltd**
Tel :
Liability :
RMKS: **TP**

Date/ Time	STAGE	DATE / PIC
	SLX 4099X - X	SLP 9676P - X
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	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"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: LS S\$ \$1,650.00 (3 days) Reduction: \$666.12 % 29 Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 06/06/2022 Confirm with JUNE Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 1,765.50 W/GST		
Loss of Rental (LOR): S\$ _____ (_____ days) C.C (OI 2ND)		
Loss of Use (LOU): S\$ 180.00 (\$ 60.00 x 3 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\$ 2.00		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		
Legal Cost S\$ _____		
Total: S\$ 1,947.50 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 1,947.50 Name 1: Cheng Hoe Motor Pte Ltd		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		