

ASSIGNMENT

Surveyor: Rasul DOI: 01/11/2021 Date / Time : 01/11/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 4153R

Claim No. : SNM21D206229

Name of Insured : GOH SIEW CHENG

Policy No. : DMPCSNW00013552100

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 30/10/2021

Place of Accident : SLE TWDS MANDAI

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

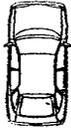
If NO, Driver Name / Age : _____

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

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

Insured Liability : _____ % Final ? Yes / No

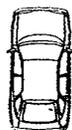
SKZ 3354S



INSRS:
WSP: AUTOMOTIVE
Tel : REPAIR CENTRE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKZ 3354S : SMD 4153R :	NA/CTI21011136/r3 ; DOA : 30/10/2021	STAGE DATE / PIC
			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"/>
	CLAIMANT - NG YEOW KEONG (HUANG YAOQIANG)		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
	TPV: NIS. QASHQAI - 1197cc		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
			Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
			PIR: <input type="checkbox"/> <input type="checkbox"/>
	OID: ZHUO HUIDE		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"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 3,000.00	(5 days) Reduction: \$3,360.00 % 53	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 29/04/2022	Confirm with SHU JUAN	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\$ 3,210.00	W/GST	
Loss of Rental (LOR):	S\$ 500.00	(5 days) x \$100	
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\$ 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: \$400.00
Total:	S\$ 3,712.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 3,712.00	Name 1: AUTOMOTIVE REPAIR CENTRE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	