

**ASSIGNMENT**

Surveyor: Steve DOI: 05/11/2021 Date / Time : 03/11/2021

Registered in Merimen: 03/11/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SBC 9663M

Claim No. : 2194399335SG

Name of Insured : CHUA SEOW HOEY

Policy No. : 2100417367

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 02/11/2021

Place of Accident : \_\_\_\_\_

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

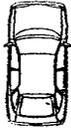
If NO, Driver Name / Age : \_\_\_\_\_

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

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

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

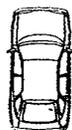
**SBS 6367D**



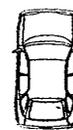
INSRS:  
WSP: TOWER TRANSIT  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SBS 6367D : X ; SBC 9663M : X		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:	
			<b>Documentation Check List:</b>	<b>Handler</b>
				<b>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:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>P/P</b>	S\$ <b>3,916.89</b>	( <b>3</b> days) Reduction: <b>38</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>07/07/2022</b>	Confirm with <b>Lynn</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>W/GST</b>	S\$ <b>4,191.07</b>			
Loss of Rental (LOR):	S\$ _____	( _____ days)		
Loss of Use (LOU):	S\$ <b>1,000.00</b>	( \$ <b>250</b> x <b>4</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 + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$ <b>2.00</b>			
Medical:	S\$ _____			
Disbursement:	S\$ _____	(e.g. Tow/ Independent )	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Legal Cost	S\$ _____		2) Report Format: <b>TP</b>	
			3) Survey fee: <b>\$320.00</b>	
<b>Total:</b>	S\$ <b>5,193.07</b>	<b>Global Sum S\$: 5,100.00</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>5,100.00</b>	Name 1: <b>Tower Transit Singapore Pte Ltd</b>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		