

**ASSIGNMENT**

Surveyor: Thevan DOI: 09/11/2021 Date / Time : 09/11/2021

Registered in Merimen: 09/11/2021

**Pre-assign / CCU / FTE**

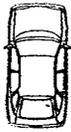


Insured Vehicle No. : SCW 9848E  
 Name of Insured : HENG TSUNG WI @ HENG SONG WEE  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 05/11/2021  
 Is driver the owner? (  YES / NO ) Nature of Accident : \_\_\_\_\_

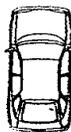
Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : AT THE JUNCTION OF BEDOK CENTRAL AND BEDOK NORTH AVE 3

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**

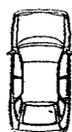
**SLD 1594H**



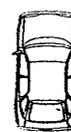
INSRS: \_\_\_\_\_  
 WSP: **TEAMWORK**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	SLD 1594H : X ; SCW 9848E : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
CLAIMANT-	ROSET LIMOUSINE SERVICES PTE LTD	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
	TPV: NISSAN NOTE - 1198cc	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"/>

<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S S\$ <b>\$1,850.00</b> ( 3 days) Reduction: <b>\$3,828.18% 67</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: <u>18/05/2022</u> Confirm with <u>KEITH</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :

Repair Cost: S\$ <u>1,979.50</u> W/GST	
Loss of Rental (LOR): S\$ _____ ( _____ days)	
Loss of Use (LOU): S\$ <u>300.00</u> (\$ <u>60</u> x <u>5</u> days) (AIG'S INSTRUCTION)	
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\$ <u>31.45</u>	

Medical: S\$ _____	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/Independent )	2) Report Format: <u>TP</u>
Legal Cost S\$ _____	3) Survey fee: <u>\$320.00</u>

<b>Total:</b> S\$ <u>2,310.95</u> <b>Global Sum S\$:</b> <u>2,300.00</u>
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<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>2,300.00</u>	Name 1: <u>TEAMWORK GARAGE PTE LTD</u>	

Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____