

ASSIGNMENT

Surveyor:

Adrian

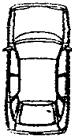
DOI:

25/11/2021

Date / Time :

26/11/2021

Registered in Merimen:

26/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMS 2758E**Claim No. : **7332923688SG**Name of Insured : **NG SUET LING, SHIRLEY**Policy No. : **2070016933**

Insured Tel No. : _____ HP: _____

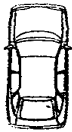
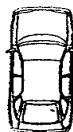
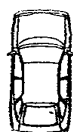
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/11/2021**

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SJE 3613S**INSRS:
WSP: **KANG CAR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJE 3613S : CS/HSB10004772/Ub1 ; DOA : 07/03/2010	STAGE
	SMS 2758E : X	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) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
		Confirm by: LWP
Repair Cost: L/S	S\$ 3,600.00 (5 days) Reduction: 54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14.09.22 Confirm with SHARON	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 3,852.00 (OI DRIVE STRAIGHT ON A LEFT TURN ONLY LANE)	
Loss of Rental (LOR):	S\$ 840.00 (6 days) x \$140	
Loss of Use (LOU):	S\$ - (\$ x days)	
Loss of Income (LOI):	S\$ - (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 2.00	
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -	3) Survey fee: \$320
Total:	S\$ 4,694.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: 14.09.22 Confirm with: SHARON	Email ☐ Call ☐
Payee 1:	S\$ 4,694.00 Name 1: KANG CAR REPAIRERS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	