

**ASSIGNMENT**

Surveyor: Kenneth

DOI: 03/03/2022

Date / Time : 01/12/2021

Registered in Merimen: 01/12/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLF 9457H

Claim No. : 1353915794SG

Name of Insured : SHARON CHIA SOO SIANG

Policy No. : 2100482380

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 30/11/2021

Place of Accident : CAIRNHILL ROAD JCT

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

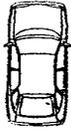
If NO, Driver Name / Age : \_\_\_\_\_

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

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

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

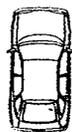
SLU 8204Z → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



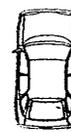
INSRS:  
WSP: LIM TAN  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



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



INSRS:  
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RMKS: \_\_\_\_\_



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

Date/ Time		STAGE	DATE / PIC
	SLU 8204Z : X		
	SLF 9457H : CC6/AIG18014968/Uda3q2 ; DOA : 14/08/2018	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: Handler Typist</b>	
		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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/S</u>	S\$ <u>1,700.00</u> ( <u>4</u> days) Reduction: <u>\$4,221.36</u> <u>71</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <u>26/05/2022</u> Confirm with <u>MANDY</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: 1819.00	<u>1819.00</u> <u>909.50</u> <u>W/GST</u>		
Loss of Rental (LOR):	S\$ _____ ( _____ days)	TP DID NOT EVEN SLOW DOWN HIS VEHICLE	
Loss of Use (LOU):	<u>250</u> S\$ <u>125.00</u> (\$ <u>50</u> x <u>5</u> days)	WHEN THE TRAFFIC LIGHT IS FAULTY.	
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>2.00</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>1,036.50</u> <b>Global Sum S\$: 1,000.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>1,000.00</u> Name 1: <u>LIM TAN MOTOR PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		