

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **01/12/2021**Registered in Merimen: **01/12/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBK 5679C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **30.11.2021 16:15**

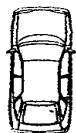
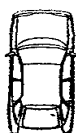
Place of Accident : _____

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****SMY 931C**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMY 931C - X	Non-Reporting ltr (1st):	
	GBK 5679C - CC4/III21002393/Apa3 ; 18/02/2021	Non-Reporting ltr (2nd):	
	NA/INC21002404/r3 ; 18/02/2021	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: LWP		
Repair Cost: L/S S\$ 13,000.00 (7 days) Reduction: 60 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 20.06.22 Confirm with KERRY	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST S\$ 13,910.00	OID REVERSED OUT OF PARKING LOT HIT TP		
Loss of Rental (LOR): S\$ 1,980.00 (11 days) x \$180			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 7.45			
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: \$600		
Total: S\$ 15,897.45 Global Sum S\$: 15,800.00			
FINAL PAYMENT	Date/Time: 20.06.22 Confirm with: KERRY	Email ☐ Call ☐	
Payee 1: S\$ 15,800.00	Name 1: XIN HUA WORKSHOP PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		