

ASSIGNMENT

Surveyor: Marcus DOI: 21/12/2021 Date / Time : 21/12/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 5852X
 Name of Insured : TAN EE TZE
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 13/12/2021

Claim No. : SNM21D207288
 Policy No. : DMPCSNW0019262000
 Make / Model : _____
 Place of Accident : _____

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

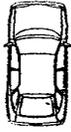
If NO, Driver Name / Age : _____

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

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

Insured Liability : _____ % **Final ? Yes / No**

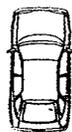
SGZ 9735J



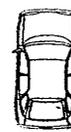
INSRS: _____
 WSP: T K LEE
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SGZ 9735J : NA/INC18002285/r3 ; DOA : 05/02/2018	
	SJB 5852X : CC4/AIG08010867/VDn ; DOA : 17/02/2008	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
<u>21/02/2022</u>	<u>Pls refer to VIEWS for details.</u>	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	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"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/sum S\$ 2,000.00 (4 days) Reduction: 58 % Email Call

FINAL SETTLEMENT Date/Time: 21/02/2022 Confirm with Jay Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2,000.00
 Loss of Rental (LOR): S\$ 500.00 (5 days) x \$100

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\$ 36.45

Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____

Total: S\$ 2,536.45 **Global Sum S\$:** 2,500.00
 1) Claim status: Normal/~~Reject/Dispute/Settle~~
 2) Report Format: TP
 3) Survey fee: \$400.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ 2,500.00 Name 1: T K LEE AUTOMOTIVE PTE LTD

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