

ASSIGNMENT

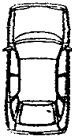
Surveyor: Taufikh

DOI: 29/12/2021

Date / Time : 29/12/2021

Registered in Merimen: 29/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 4302D

Claim No. : _____

Name of Insured : Rajendran Rajarajan

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 23/12/2021

Place of Accident : Clementi Ave 4,

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

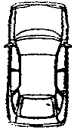
If NO, Driver Name / Age : _____

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

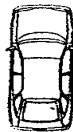
Driver Tel No. : _____ (V/L: YES / NO)

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

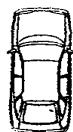
GBH 4914X



INSRS:
WSP: SR AUTOWORKS
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	GBH 4914X : <u>NA/FCI21013102/r3 ; DOA : 23/12/2021</u>	Non-Reporting ltr (1st):	
	SLF 4302D :	Non-Reporting ltr (2nd):	
10/01/2022	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL	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)	<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"/>
	CLAIMANT - ASIA TECHNICAL GAS CO(PTE) LTD	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	TPV: NISSAN NV200 - 1461cc	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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>LS</u>	S\$ 4000.00 (5 days) Reduction: 19003.28 % 83	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>26/07/2022</u> Confirm with <u>JESSKI</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,000.00		
Loss of Rental (LOR):	S\$ 560.00 (7 days) x \$80.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 31.00		
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 4,591.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 4,591.00 Name 1: <u>SR AUTOWORKS PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		