

ASSIGNMENT

Surveyor:

LTG

DOI:

04/01/2022

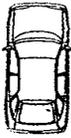
Date / Time :

04/01/2022

Registered in Merimen:

04/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJT 8522J**

Claim No. : **5163682724SG**

Name of Insured : **CHUNG TUCK KWAI**

Policy No. : **1800156762**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **31/12/2021**

Place of Accident : **LOR 2 TOA PAYOH**

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

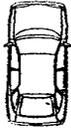
If NO, Driver Name / Age : _____

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

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

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

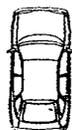
SMR 7063Z



INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SMR 7063Z : X ; SJT 8522J : X | | STAGE | 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) | <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"/> |
| 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: L/S | \$S 4,350.00 | (7 days) Reduction: \$16,633.36% | 79 | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: 07/06/2022 | Confirm with ADEL | Email <input checked="" type="checkbox"/> | Cal <input type="checkbox"/> |
| Final Liability: | % 100 | (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : | |
| Repair Cost: | \$S 4,654.50 | W/GST | | |
| Loss of Rental (LOR): | \$S 963.00 | (9 days) x \$107.00 | W/GST | |
| 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 7.45 | | | |
| 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 5,624.95 | Global Sum \$S: | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> | Cal <input type="checkbox"/> |
| Payee 1: | \$S 5,624.95 | Name 1: TEAM AUTOPRO PTE LTD | | |
| Payee 2: (Strike if N.A.) | \$S | Name 2: | | |
| Payee 3: (Strike if N.A.) | \$S | Name 3: | | |