

**ASSIGNMENT**

Surveyor: Marcus

DOI: 07/01/2022

Date / Time : 06/01/2022

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : YM 5797L

Claim No. : \_\_\_\_\_

Name of Insured : Ong Lian Hua

Policy No. : \_\_\_\_\_

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 02/01/2022

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**

**SKH 2996R**



INSRS:  
WSP: DICKSON AUTO  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SKH 2996R : X	STAGE	DATE / PIC
	YM 5797L : NBA/INC17020153/Y ; DOA : 19/10/2017	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"/>

<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
		Others:	<input type="checkbox"/>	<input type="checkbox"/>

<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u> S\$ <u>5,800.00</u> ( <u>12</u> days) Reduction: <u>76</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: <u>01/04/2022</u> Confirm with <u>SiewYing</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :

Repair Cost: <u>w/GST</u> S\$ <u>6,206.00</u>	
Loss of Rental (LOR): S\$ <u>1,300.00</u> ( <u>13</u> days) x \$100	
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\$	
Medical: S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>
Legal Cost S\$	3) Survey fee: <u>\$400.00</u>
<b>Total:</b> S\$ <u>7,506.00</u> Global Sum S\$: <u>7,500.00</u>	

<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>7,500.00</u> Name 1: <u>DICKSON AUTO CARE CENTRE PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		