

ASSIGNMENT

Surveyor: Kenneth DOI: 07/01/2022 Date / Time : 12/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE

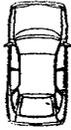


Insured Vehicle No. : SKC 7803H
 Name of Insured : TAY HUI MENG BERNARD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 07/01/2022

Claim No. : SNM22D200177
 Policy No. : DMPCSNW00020752101
 Make / Model : _____
 Place of Accident : FULTON RD

Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : LIM PHEI FEN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

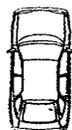
SGG 6813L



INSRS:
 WSP: ALAN'S UNITED
 Tel : _____
 Liability : _____
 RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	SGG 6813L : CS/FCI18013299/Ksd3n2 ; DOA : 18/07/2018	Non-Reporting ltr (1st):	
	SKC 7803H : CC6/CTI22000397/Kgs3 ; DOA : 07/01/2022	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	CLAIMANT - EL MANDATE ADVISORY PTE LTD	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
	TPV: T.ESTIMA - 2362cc	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"/>
	OI: TAY HUI MENG BERNARD	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
	OID: LIM PHEI FEN	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: P/P S\$ \$6,154.30 (6 days) Reduction: \$482.10 % 7 Email <input type="checkbox"/> Call <input type="checkbox"/>
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FINAL SETTLEMENT Date/Time: <u>12/04/2022</u> Confirm with <u>KENNY</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
Repair Cost: S\$ <u>6,585.10</u> W/GST	
Loss of Rental (LOR): S\$ <u>1,440.00</u> (8 days) x \$180	
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\$ <u>2.00</u>	
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: \$400.00
Total: S\$ <u>8,027.10</u> Global Sum S\$: _____	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	Payee 1: S\$ <u>8,027.10</u> Name 1: <u>ALAN'S UNITED AUTO PTE LTD</u>
	Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
	Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____