

ASSIGNMENT

Surveyor:

LTG

DOI:

14/02/2022

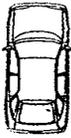
Date / Time :

14/02/2022

Registered in Merimen:

14/02/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 8327A

Claim No. : 6346084702SG

Name of Insured : LIM YAT CHOO

Policy No. : 7210026018

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 29/01/2022

Place of Accident :

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

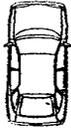
If NO, Driver Name / Age :

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

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

Insured Liability : % Final ? Yes / No

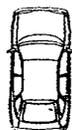
SKG 8500D



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



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SKG 8500D : X ; GBF 8327A : 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:	
			<b>Documentation Check List:</b>	<b>Handler</b>
				<b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 3,000.00	( 6 days) Reduction: 75 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 31/05/2022	Confirm with Adel	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 3,210.00	S\$ 1,605.00	w/GST		
Loss of Rental (LOR):	S\$	( days)		
Loss of Use (LOU) 640.00	S\$ 320.00	(\$ 80 x 8 days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input checked="" 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: Normal/Reject/Private Settle	
Disbursement:	S\$ 90.00	(e.g. Tow/Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320.00	
<b>Total:</b>	S\$ 2,022.45	<b>Global Sum S\$: 2,000.00</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 2,000.00	Name 1: Team Autopro Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		