

**ASSIGNMENT**

Surveyor:

Marcus

DOI:

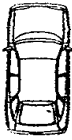
22/02/2022

Date / Time :

21/02/2022

Registered in Merimen:           

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SCW 2221J

Claim No. : S2M03TR8

Name of Insured : Ong Hwa Hin

Policy No. : GA273963/1

Insured Tel No. :                      HP:                     

Make / Model :                     

Excess Sec II :S\$                      D.O.A : 17/02/2022

Place of Accident :                     

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

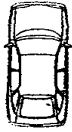
If NO, Driver Name / Age :                     

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

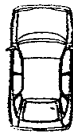
Driver Tel No. :                      (V/L:  YES / NO )

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

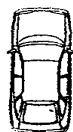
**SMG 9100U**



INSRS:  
WSP: **NPH AUTO**  
Tel :                       
Liability :                       
RMKS:                     



INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     



INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     



INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     

Date/ Time	STAGE	DATE / PIC
	SMG 9100U : X ; SCW 2221J : X	
	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"/>
	TPV: AUDI A4 - 1395cc	
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time:                      Sent By:                      Email  Call

**FINALIZATION** Date/Time:                      Confirm with:                      Confirm by:                      Email  Call

Repair Cost: **LS** S\$ **10,850.00** ( **4** days) Reduction: **7575.05** % **41** Email  Call

**FINAL SETTLEMENT** Date/Time: 12/07/2022 Confirm with PEGGY Email  Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **15** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **11,609.50** **W/GST**

Loss of Rental (LOR): S\$                      (            days)

Loss of Use (LOU): S\$ **240.00** ( \$ **60** x **4** days)

Loss of Income (LOI): S\$                      ( \$            x            days)

LOR only  LOU only  LOR + LOU  LOR + LO  **[Tick only one]**

GIA/LTA Search S\$                     

Medical: S\$                     

Disbursement: S\$                      (e.g. Tow/ Independent )

Legal Cost S\$                     

**Total:** S\$ **11,849.50** **Global Sum S\$:**                     

**FINAL PAYMENT** Date/Time:                      Confirm with:                      Email  Call

Payee 1: S\$ **11,849.50** Name 1: **NPH AUTO SERVICE**

Payee 2: (Strike if N.A.) S\$                      Name 2:                     

Payee 3: (Strike if N.A.) S\$                      Name 3: