

ASSIGNMENT

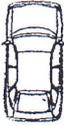
Surveyor: KENNETH

DOI: 07/04/2022

Date / Time : 05/04/22 -> 18/4/22

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJX 7877X
Name of Insured : KOH THIAM CHYE (XU TIANCAI)
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 04/04/2022 12:13
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : S2M03XNQ
Policy No. : GA549063
Make / Model : _____
Place of Accident : Near 100 Anson Rd, Singapore 079910
Turning from Keppel Road

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**

SLX 4641E



INSRS: _____
WSP: Autoworx
Tel: House
Liability: _____
RMKS: _____



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



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



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

Date/ Time	SLX 4641E - X	SJX 7877X - 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"/>
			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"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC	
Repair Cost:	P/P S\$ 3,980.25	(4 days) Reduction:	50 % EXC CHECK ITEM \$1,306.63 Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 12.05.22	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. :	NIL If NO or B 28, Ass. Lia :	
Repair Cost:	S\$	TP ENCROACHED OI LANE WHILE MAKING TURN		
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)			
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settlement		
Legal Cost	S\$	2) Report Format: TP/WP		
Total:	S\$	Global Sum S\$:	3) Survey fee: \$250	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

Reject Case
By (staff) : <u>49hw</u>
Approved by : <u>11/05/22</u>
Date : <u>11/05/22</u>