

ASSIGNMENT

Surveyor: Kenneth DOI: 20/05/2022 Date / Time : 05.04.2022
Registered in Merimen: 05.04.2022

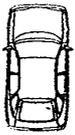
Pre-assign / CCU / FTE



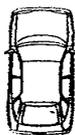
Insured Vehicle No. : GBG 1527E Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 01.04.2022 10:10 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

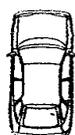
GBE 2260C →



INSRS:
WSP: **CHENG HOE**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBE 2260C - X	GBG 1527E - 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"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:	
Repair Cost: L/Sum S\$ 4,600.00 (6 days) Reduction: 30 %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 25/10/2022 Confirm with Ms June			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL			If NO or B 28, Ass. Lia :	
Repair Cost: with GST S\$ 4,922.00				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ 490.00 (\$ 70 x 7 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 + LOI <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: TP	
Legal Cost S\$ _____			3) Survey fee: \$320.00	
Total: S\$ 5,412.00 Global Sum S\$:				
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 5,412.00	Name 1:	CHENG HOE MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2:			
Payee 3: (Strike if N.A.) S\$ _____	Name 3:			