

ASSIGNMENT

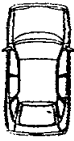
Surveyor:

XGQ

DOI: 29/03/2021

Date / Time : 26/03/2021

Registered in Merimen: 26/03/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMN 9983B

Claim No. : 6774116634SG

Name of Insured : LIEW XINCHANG

Policy No. : 1900153041

Insured Tel No. : _____ HP: _____

Make / Model : Kia Stonic

Excess Sec II : \$ _____ D.O.A : 20/03/2021 21:00

Place of Accident : Chinatown Complex Carpark

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

If NO, Driver Name / Age :

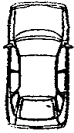
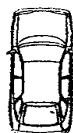
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJK 8828AINSRS: RICO 60
WSP: AUTO
Tel : SERVICES
Liability : PTE LTD
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJK 8828A - CC3/AIG13005274/T1k1a3q2 ; 15.03.2013	STAGE
	SMN 9983B - X	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) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
	CLAIMANT - ENVIRON ENGINEERING SERVICES	Medical Bill: ☐ ☐
		PIR: ☐ ☐
	TPV: MB E200 - 1991cc	Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____	
Repair Cost: L/S	S\$ 4600.00 (5 days) Reduction: 15,949.36% 78	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/06/2022 Confirm with SHANELLE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,922.00 W/GST	
Loss of Rental (LOR):	S\$ 720.00 (6 days) x \$120.00	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 36.45	
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: \$30.00
Total:	S\$ 5,678.45	Global Sum S\$:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐	
Payee 1:	S\$ 5,678.45 Name 1: RICO 60 AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	