

ASSIGNMENTSurveyor: **KENNETH**DOI: **24/05/2022**Date / Time : **24/05/2022**Registered in Merimen: **25/05/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKB 9143X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **21.05.2022 15:30**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

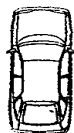
If **NO**, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SML 8661Y**INSRS:
WSP: **HUI YANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SML 8661Y - CC4/FCI19021923/Uba3s2 ; 05.12.2019	STAGE
	SKB 9143X - 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 : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____
FINALIZATION	Date/Time: _____	Confirm with: _____ Confirm by: KSC
Repair Cost: L/S S\$ 20,600.00 (16 days) Reduction: 42 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 22.08.22 Confirm with BEL	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : _____	
Repair Cost: w/GST S\$ 22,042.00	OID TRAVEL STRAIGHT WITH RED LIGHT HIT TP	
Loss of Rental (LOR): S\$ 1,123.50 (14 days) X \$80.25		
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\$ 7.45		
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: \$320	
Total: S\$ 23,172.95	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 22.08.22 Confirm with: BEL	Email ☐ Call ☐
Payee 1: S\$ 23,172.95	Name 1: HUI YANG MOTOR PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	