

ASSIGNMENT

Surveyor:

TAUFIKH

DOI:

07/06/2022Date / Time : **06.06.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XD 2574S**Claim No. : **22/22/22/VC05/025877**Name of Insured : **KH WASTE HAULAGE SERVICES PTE LTD**Policy No. : **Z22VC05009755**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **30/05/2022 12:30**Place of Accident : **WEST COAST WAY SLIP ROAD TOWARDS AYE**

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

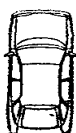
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**FBL 977U**INSRS: **HKL LIM TEAM**
WSP: **MOTORSPORT**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
FBL 977U - X		Non-Reporting ltr (1st):	
XD 2574S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/LIP22002928/3 30/03/2022 TAY TIONG WEE JASON SFE 9226J XD 2574S(OBJECT) 29/03/2022 07/04/2022 RBW NJA/INC10002365y1 04/02/2010 TEO SENG HAI XD 2574S MRT TRACK 03/02/2010 11/03/2010 YCC	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: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	S\$ 1,132.00 (1 days) Reduction: 90 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 25/08/2022 Confirm with Keong	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,132.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 40.00 (\$ 40 x 1 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Print & Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$400.00	
Total:	S\$ 1,172.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 1,172.00 Name 1: HKL LIM TEAM MOTORSPORT PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		