

ASSIGNMENT

Surveyor: Kenneth DOI: 29/08/2022 Date / Time : 11/08/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

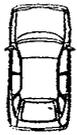
Insured Vehicle No. : SCG 2266P Claim No. : 21/22/22/VP05/026125
Name of Insured : LYE ESTHER Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 07/08/2022 10:10 Place of Accident : CTE, Singapore
Is driver the owner? (YES / NO) Nature of Accident : Towards city

If NO, Driver Name / Age :

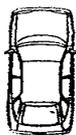
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

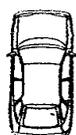
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMY 8272T**

INSRS:
WSP: **DING AUTO**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMY 8272T - X	SGG 2266P - 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\$ 5,400.00 (5 days) Reduction: 65 %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 21/12/2022 Confirm with Lynn			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15			If NO or B 28, Ass. Lia :	
Repair Cost: with GST S\$ 5,778.00				
Loss of Rental (LOR): S\$ (days)				
Loss of Use (LOU): S\$ 400.00 (\$ 80 x 5 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\$ 2.00				
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: \$400	
Total: S\$ 6,180.00	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 6,180.00	Name 1:	DING AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			