

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 18/08/2022Registered in Merimen: 18/08/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : YP 7322U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

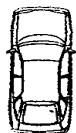
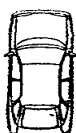
Excess Sec II : \$ _____ D.O.A : 11/08/2022 13:35Place of Accident : BOON TAT ST TWDS LAU PA SAT

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**SNF 6793HINSRS: **KT**
WSP: **MOTORWERK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Close Date Created By	DATE / PIC
SNF 6793H	NA/AIG22007674/r3 12/08/2022 TAN LEE MING SNF 6793H YP 7322U 11/08/2022 17/08/2022 RBW	Not Reported	
YP 7322U	NA/AIG22007674/r3 12/08/2022 TAN LEE MING SNF 6793H YP 7322U 11/08/2022 17/08/2022 RBW	Not Reported	
	NBA/LIP22005886/Y 21/06/2022 XIA ZHONGWEI GBD 1614C YP 7322U 14/06/2022 24/06/2022 RBA	Not Reported	
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM	\$S 2,700.00 (4 days) Reduction: 90 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 16/06/2023 Confirm with John	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 2,450.00 (AS PER AIS MANDATE)		
Loss of Rental (LOR):	\$S 600.00 (6 days) X \$100		
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 38.45		
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: \$350.00	
Total:	\$S 3,088.45 Global Sum \$S: 3,000.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 3,000.00 Name 1: Kt Motorwerk		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		