

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 30/08/2022Registered in Merimen: 30/08/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 2851G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 30.08.2022 11:40

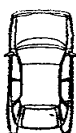
Place of Accident : _____

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****FBS 2276J**INSRS:
WSP: **Pang Scooter Service**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
FBS 2276J - X			
GBH 2851G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CS/CTH19004382/d3XX 11/03/2019 GBH 2851G SKW 6255R 02/01/2019 04/09/2019 NKT			
CS/EGH18022137/R1sd3n2 18/01/2019 SFY 9225G GBH 2851G 04/12/2018 18/01/2019 NKT			
NBA/AIG22008436/Y 30/08/2022 YEO CHONG KIAT GBH 2851G SNE 7045H 27/08/2022 RBA			
NBA/INC18021835/Y 04/12/2018 LIM KOK YONG SFY 9225G GBH 2851G 04/12/2018 18/01/2019 RBA			
	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\$ 4,168.10 (3 days) Reduction: 14 %	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 16/02/2023 Confirm with Shasha	Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 4,168.10			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ 90.00 (\$ 30 x 3 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\$ _____			
Disbursement: S\$ _____ (e.g. Tow/ Independent)			
Legal Cost S\$ _____			
Total: S\$ 4,258.10	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____	Email ☒ Call ☐		
Payee 1: S\$ 4,258.10	Name 1:	PANG SCOOTER SERVICE	
Payee 2: (Strike if N.A.) S\$ _____	Name 2:		
Payee 3: (Strike if N.A.) S\$ _____	Name 3:		