

ASSIGNMENT

Surveyor: MARCUS DOI: 11.10.2022 Date / Time : 11.10.2022
Registered in Merimen: 11.10.2022

Pre-assign / CCU / FTE

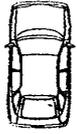
Insured Vehicle No. : SLL 8314L Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 11/10/2022 08:10 Place of Accident : Ang Mo Kio Ave 10
Is driver the owner? (YES / NO) Nature of Accident : Near 541 Ang Mo Kio Ave 10, Block 541, Singapore 560541

If NO, Driver Name / Age :

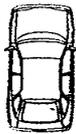
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

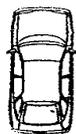
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****CB 7828L**

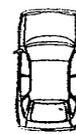
INSRS:
WSP: **TAN LIM**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	CB 7828L - X	SLL 8314L - 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\$ 2,900.00 (5 days) Reduction: 48 %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 14/12/2022 Confirm with Wendy			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : B10			If NO or B 28, Ass. Lia :	
Repair Cost: with GST S\$ 3,103.00				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ 600.00 (\$ 100 x 6 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: \$320	
Total: S\$ 3,705.00		Global Sum S\$: 3,700.00		
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 3,700.00		Name 1: TAN LIM MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____		Name 2:		
Payee 3: (Strike if N.A.) S\$ _____		Name 3:		