

ASSIGNMENT

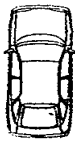
Surveyor: KENNETH

DOI: 03/01/2023

Date / Time : 03/01/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 8477K

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 30.12.2022 12:08

Place of Accident : _____

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

If **NO**, Driver Name / Age :

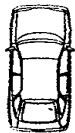
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
---------------------	---	-------------------------

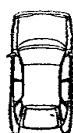
YP 5644D



INSRS: TSR
WSP: AUTOMOTIVE
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
YP 5644D - X			STAGE DATE / PIC	
YN 8477K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date			Non-Reporting ltr (1st):	
CS/CT122011266/Uqy3 10/11/2022 SMM 9297D YN 8477K 07/11/2022 NMY			Non-Reporting ltr (2nd):	
NA/CT122011299/a4 10/11/2022 TAN KWEE TENG YN 8477K SMM 9297D 07/11/2022 16			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: L/Sum	S\$ 2,700.00	(2 days) Reduction: 58 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 07/07/2023	Confirm with Ryan	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : Nil	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,700.00			
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$ 300.00	(\$ 100 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\$ 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\$ 3,002.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 3,002.00	Name 1: TSR AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		