

ASSIGNMENT

Surveyor: Marcus DOI: 13/04/2023 Date / Time : 12.04.2023
 Registered in Merimen: 13.04.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SJL 5378X Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$ D.O.A : 08/04/2023 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

SNC 8210B



INSRS:
WSP: TLM Automobile
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SNC 8210B - X		
SJL 5378X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
CC6/AIG12015018/M1b112w2 21/12/2012 SJL 5378X SGW 1378A 22/07/2012 28/12/2012 SBS		
NA/INC08633015/p1 18/12/2008 MUHAMMAD BIN MOHAMMAD SAFRIN SJJ 3415X SJL 5378X 17/12/2008 19/12/2008 LSR		
NA/INC17004816/k4 09/03/2017 YEO MIENG LIAN SGQ 5186S SJL 5378X 08/03/2017 09/03/2017 KSC		
	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ <u>9,800.00</u> (<u>9</u> days) Reduction: <u>70</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>26/07/2023</u> Confirm with <u>Wendy</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28 (Ass.0%)</u> If NO or B 28, Ass. Lia :		
Repair Cost: with GST S\$ <u>10,584.00</u>		
Loss of Rental (LOR): S\$ <u>1,080.00</u> (<u>10</u> days) @ \$100 w/GST		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Driver to Settle	
Legal Cost S\$	2) Report Format: <u>TP</u>	
	3) Survey fee: <u>\$600</u>	
Total: S\$ <u>11,664.00</u> Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u>11,664.00</u> Name 1: <u>TLM AUTOMOBILE PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		