

INS. CASE OWNER:

CD/AIG24120451/Apa3(N)

IDAC:

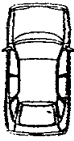
ASSIGNMENT

Surveyor:

ADRIANDOI: **30/12/2024**

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SGQ1002R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **28/12/2024**

Place of Accident : _____

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

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

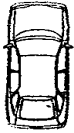
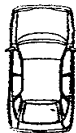
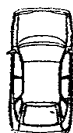
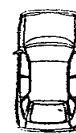
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SLB6800R**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			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)	☐
			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\$ 5,100.00	(6 days) Reduction: 72	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/04/2025	Confirm with JOANNE	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	28	If NO or B 28, Ass. Lia : 0
Repair Cost: 9%GST	S\$ 5,559.00			
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$ 420.00	(\$ 60 x 7 days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐	☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S\$ 27.25			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
Total:	S\$6,006.25	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 6,006.25	Name 1:	HD PERFECT AUTOWORK PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

1) Claim status: Normal/~~Reject/Partial Settle~~2) Report Format: **TP**3) Survey fee: **\$370.00**