

ASSIGNMENTSurveyor: **ADRIAN**DOI: **17/06/2020**Date / Time : **17/06/2020**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBB 3696M**Claim No. : **19/20/20/VC05/0023403**Name of Insured : **ARASY COMMUNICATION & SECURITY SYSTEM**Policy No. : **Z19VC05002899**Insured Tel No. : **HP: —**Make / Model : **VOLKSWAGEN CADDY****Excess Sec II :S\$** **D.O.A : 09/06/2020**Place of Accident : **FILTERING LANE ENTERING WOODLANDS AVENUE 3**Is driver the owner? (YES / **NO**) Nature of Accident :If **NO**, Driver Name / Age : **MUHAMMAD NUR AFIQ BIN RAMAN**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : (V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SLL 4432E**INSRS:
WSP: **1st Autoworks**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP: **+65-98792482**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLL 4432E - X	STAGE
	GBB 3696M - CC3/AIG11020404/R1sa3q2 ; 22.9.2011	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:	S\$ (days) Reduction:	% Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
		Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ (\$ x 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\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$	3) Survey fee:
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: