

ASSIGNMENT

CC6/AIG20006797/Apa3

Surveyor: ADRIANDOI: 29/06/2020Date / Time : 30/06/2020Registered in Merimen: 30/06/2020**Pre-assign / CCU / FTE**

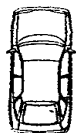
Insured Vehicle No. : SFP 6084M
 Name of Insured : GOH YONG SENG
 Insured Tel No. : _____ HP: 91847308
 Excess Sec II :S\$ _____ D.O.A : 29/06/2020

Claim No. : 7569245629SG
 Policy No. : 2070012875
 Make / Model : LEXUS GS300-3.0 (A)
 Place of Accident : SIMS WAY

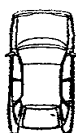
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : _____ % **Final ? Yes / No**SDT 818ESFP 6084MSKV 4659C

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: KANG CAR
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SKV 4659C - X	SFP 6084M - X	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:	☐
			Post-Repair Photos:	☐
			Others:	☐

02/04/2021

Pls refer to Views for details.

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u>	S\$ <u>2,800.00</u>	(<u>6</u> days) Reduction: <u>43</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>02/04/2021</u>	Confirm with: <u>Sharon</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>
Repair Cost: <u>w/GST</u>	S\$ <u>2,996.00</u>		
Loss of Rental (LOR):	S\$ _____	(_____ days)	
Loss of Use (LOU):	S\$ <u>420.00</u>	(<u>\$60</u> x <u>7</u> days)	
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$ _____		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>3,418.00</u>	Global Sum S\$: <u>3,400.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>3,400.00</u>	Name 1: <u>Kang Car Repairers Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	