

ASSIGNMENTSurveyor: **ADRIAN**DOI: **19/08/2020**Date / Time : **19/08/2020**Registered in Merimen: **20/08/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKX 9089D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **17/08/2020 18:20**

Place of Accident : _____

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

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

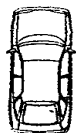
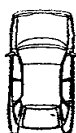
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SMJ 9088G****SKX 9089D****SMR 5429R**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: 1ST
Tel : AUTOWORKS
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMR 5429R - X	SKX 9089D - 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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: P/P S\$ 10,581.80 (4 days) Reduction: 8182.25 % 77			Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 20/012021 Confirm with SUHAIMI			Email ☒	Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28			If NO or B 28, Ass. Lia : 0%	
Repair Cost: S\$ 11,322.53 W/GST				
Loss of Rental (LOR): S\$ (days)				
Loss of Use (LOU): S\$ 200.00 (\$ 50 x 4 days)			C.C (OI 2ND)	
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: \$320.00	
Total: S\$ 11,524.53	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1: S\$ 11,524.53	Name 1:	1ST AUTOWORKS PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			