

ASSIGNMENT

Surveyor:

TAUFIKH

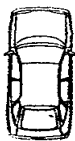
DOI:

06/01/2021

Date / Time :

05/01/2021

Registered in Merimen:

06/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SJQ 1368A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **31/12/2020 18:00**Place of Accident : **MANDARIN GALLERY FEXIT B4 GRANGE RD**

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

If NO, Driver Name / Age :

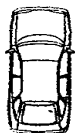
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SLF 3232D**INSRS: **AP Automotive**
WSP: **services Pte Ltd**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLF 3232D		
	SJQ 1368A		
	NA/INC21000093/r3 ; 31.12.2020		
	CC3/AIG09012986/Ywq1 ; 09/06/2009		
	CC3/AIG11005749/Avq1 ; 27/03/2011		
	CC3/AIG11017679/Avn ; 31/08/2011		
	CD3/AIG09012986/N ; 09/06/2009		
	CS/AIG09013175/Aph ; 09/06/2009		
		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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ \$8,600.00	(4 days) Reduction: \$24,070.77% 74	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/11/2021	Confirm with JULIANA	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 9,202.00	W/GST	
Loss of Rental (LOR):	S\$ 770.40	(6 days) x \$128.40 W/GST	
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\$ 7.45		
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\$ 9,979.85	Global Sum S\$: 9,950.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 9,950.00	Name 1:	AP AUTOMOTIVE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	