

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **06/01/2021**Date / Time : **05/01/2021**Registered in Merimen: **06/01/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMT 7643P**

Claim No. : _____

Name of Insured : **2K INTERNATIONAL PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **TP VOLKSWAGEN GOLF**Excess Sec II : \$ _____ D.O.A : **04/01/2021 12:10**Place of Accident : **3A Toh Guan Rd E, Singapore 608834**

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

If NO, Driver Name / Age : **XAVIER KIRUBA KARAN**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SKT 233J**INSRS:
WSP: **AP Automotive 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
	SKT233J - CC6/AIG16006261/Kub3q2 ; 30/03/2016	Non-Reporting ltr (1st):	
	SMT 7643P - NA/INC21000131/r3 ; 04/01/2021	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/S	S\$ \$5,000.00 (6 days) Reduction: \$16,236.18 % 76	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/12/2021 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\$ 5,350.00 W/GST		
Loss of Rental (LOR):	S\$ 963.00 (9 days) x \$107.00 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\$ 6,320.45 Global Sum S\$: 6,300.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 6,300.00 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:		