

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 25.01.2021Date / Time : 20.01.2021Registered in Merimen: 21.01.2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SDL 9840YClaim No. : 8273966918SGName of Insured : CHIN CHER

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 18/01/2021 18:15

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**SKP 1791DINSRS:
WSP: **Freesion**
Tel : **Autodrive**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKP 1791D - NA/INC19010714/k4 ; 17.06.2019	Non-Reporting ltr (1st):	
	SDL 9840Y - NA/INC08025852/e1 ; 19.09.2008	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: P/P	\$S 1,262.25 (3 days) Reduction: 77.27 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/06/2021 Confirm with -	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,262.25		
Loss of Rental (LOR):	\$S (_____ days)		
Loss of Use (LOU):	\$S 300.00 (\$ 100 x 3 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 1,569.70 Global Sum \$S: 1,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 1,500.00 Name 1: Freesion Autodrive		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		