

ASSIGNMENTSurveyor: AdrianDOI: 06/04/2021Date / Time : 30/03/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SMW 5961T

Claim No. : _____

Name of Insured : YEE JOON CHIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27/03/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SLC 9260ZINSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLC 9260Z : X ; SMW 5961T : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
<u>22/11/2021</u>	<u>Pls refer to VIEWS for details.</u>		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: <u>L/sum</u>	S\$ <u>5,100.00</u>	(<u>6</u> days) Reduction: <u>57</u> %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>22/11/2021</u> Confirm with: <u>Kerry</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>5,457.00</u>			
Loss of Rental (LOR):	S\$ <u>600.00</u>	(<u>6</u> days) <u>x \$100.00</u>		
Loss of Use (LOU):	S\$ _____	(\$ x days)		
Loss of Income (LOI):	S\$ _____	(\$ x days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</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>\$350.00</u>	
Total:	S\$ <u>6,064.45</u>	Global Sum S\$: <u>6,000.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒ Call ☐	
Payee 1:	S\$ <u>6,000.00</u>	Name 1: <u>XIN HUA WORKSHOP PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		