

ASSIGNMENTSurveyor: KennethDOI: 08/04/2021Date / Time : 08/04/2021Registered in Merimen: 08/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJT 8338A

Claim No. : _____

Name of Insured : Chan Mary

Policy No. : _____

Insured Tel No. : _____ HP: _____

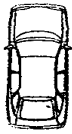
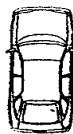
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 04/04/2021

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****SLD 504A**INSRS:
WSP: ALAN'S UNITED
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLD 504A : CC4/ASM18012576/Kwa3q2 ; DOA : 06/07/2018	STAGE
	SJT 8338A : X	DATE / PIC
		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) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S	S\$ 5,600.00 (7 days) Reduction: \$3,465.42 % 38	Confirm by:
		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 30/06/2021 Confirm with KENNY	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 80 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 5,992.00	S\$ 4,793.60 W/GST	
Loss of Rental (LOR): 900	S\$ 720.00 (9 days) x \$100.00	AIG INSTRUCTION
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 2.00	
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 5,515.60	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 5,515.60	Name 1: ALAN'S UNITED AUTO PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: