

ASSIGNMENTSurveyor: AdrianDOI: 28/04/2021Date / Time : 28/04/2021Registered in Merimen: 28/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBC 6618PClaim No. : 1491545797SGName of Insured : FISHER & PAYKEL (SINGAPORE) PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

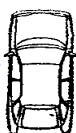
Excess Sec II :S\$ _____ D.O.A : 26/04/2021 09:10Place of Accident : Macpherson Road before Kg. Ampat junction

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

If NO, Driver Name / Age : Yap Kim Chong

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

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

Insured Liability : % **Final ? Yes / No**SMD 2845RINSRS:
WSP: SK AUTOMOBILE
Tel : PTE LTD.
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	<u>SMD 2845R - X</u>	<u>GBC 6618P - X</u>	STAGE	DATE / PIC	
			Non-Reporting ltr (1st):		
			Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
<u>07/07/2021</u>	<u>Pls refer to VIEWS for details.</u>		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: <u>L/sum</u>	S\$ <u>3,400.00</u>	(<u>6</u> days) Reduction: <u>74</u> %	Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07/07/2021</u>	Confirm with <u>Tyson</u>	Email ☒	Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :		
Repair Cost: <u>w/GST</u>	S\$ <u>3,638.00</u>				
Loss of Rental (LOR):	S\$ <u>600.00</u>	(<u>5</u> days) x \$120.00			
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>2.00</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>\$320.00</u>		
Total:	S\$ <u>4,240.00</u>	Global Sum S\$: <u>4,240.00</u>			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐	
Payee 1:	S\$ <u>4,240.00</u>	Name 1: <u>SK Automobile Pte Ltd</u>			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			