

ASSIGNMENTSurveyor: AdrianDOI: 12/05/2021Date / Time : 14/05/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SLW 9590R

Claim No. : _____

Name of Insured : POON YEE SIANG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/05/2021

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**SKL 1103LINSRS:
WSP: YSK AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKL 1103L : NA/INC16004954/h4 ; DOA : 15/03/2016	STAGE
	SLW 9590R : 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) ☐ ☐
		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:
Repair Cost: <u>L/S</u> S\$ <u>6,800.00</u> (<u>6</u> days) Reduction: <u>54</u> %		Confirm by: <u>LWP</u>
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>21.07.21</u>	Confirm with <u>JANET</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: S\$ <u>6,800.00</u>		<u>OI REAR ENDED TP</u>
Loss of Rental (LOR): S\$ <u>960.00</u> (<u>8</u> days) x \$120		
Loss of Use (LOU): S\$ <u>-</u> (\$ x days)		
Loss of Income (LOI): S\$ <u>-</u> (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ <u>-</u>		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$400</u>
Total: S\$ <u>7,767.45</u>		Global Sum S\$:
FINAL PAYMENT	Date/Time: <u>21.07.21</u>	Confirm with: <u>JANET</u>
		Email ☐ Call ☐
Payee 1: S\$ <u>7,767.45</u>	Name 1: <u>YSK AUTO WORKSHOP</u>	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	