

ASSIGNMENTSurveyor: ADRIANDOI: 17/05/2021Date / Time : 17/05/2021Registered in Merimen: 18/05/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SCM 339U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 01.05.2021

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 / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SGW 4835CINSRS:
WSP: **Kang Car**
Tel : **Repairers**
Liability **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGW 4835C - CS/CTI18015787/d3XX ; 23/08/2018	Non-Reporting ltr (1st):	
	CS3/AXA13021080/Evm3u2 ; 04/11/2013	Non-Reporting ltr (2nd):	
	NA/CTI18015434/r3 ; 23/08/2018	Non-Reporting ltr (Final):	
	NA/INC20010259/z4 ; 24/09/2020	Notification ltr (if non-pickup):	
	NBA/AIG21005371/Y ; 01/05/2021	Call OI:	
	SCM 339U - CC3/AIG09012881/Ywj ; 08.06.2009	After call ltr to OI:	
	NBA/AIG21005371/Y ; 01.05.2021	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: L/sum	S\$ 2,350.00 (4 days) Reduction: 64 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 19/10/2021 Confirm with Sharon	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 4a	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,514.50		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ 320.00 (\$ 80 x 4 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
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\$ 2,836.50 Global Sum S\$: 2,830.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 2,830.00 Name 1: Kang Car Repairers Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		