

ASSIGNMENTSurveyor: **ADRIAN**DOI: **14/06/2021**Date / Time : **14/06/2021**Registered in Merimen: **15/06/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **YQ 1363K**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **04/06/2021 11:00**

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****SFG 825D**INSRS: **XIN HUA**
WSP: **WORKSHOP**
Tel : **PTE LTD**
Liability: _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability: _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability: _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability: _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SFG 825D - CC3/TMI16022466/Kvbn2 ; 23/11/2016	Non-Reporting ltr (1st):	
	NA/AIG21006468/r3 ; 04/06/2021	Non-Reporting ltr (2nd):	
	YQ 1363K - NA/AIG21006468/r3 ; 04.06.2021	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: _____ Confirm by: _____			
Repair Cost: P/P S\$ 8,392.80 (3 days) Reduction: 36 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 17/05/2022 Confirm with Kerry		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 8,980.30			
Loss of Rental (LOR): S\$ 300.00 (3 days) x \$100			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 7.45			
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: \$500.00	
Total: S\$ 9,287.75 Global Sum S\$: 9,280.00			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1: S\$ 9,280.00 Name 1: Xin Hua Workshop Pte Ltd			
Payee 2: (Strike if N.A.) S\$ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ Name 3: _____			