

ASSIGNMENT

Surveyor:

ADRIANDOI: **17/06/2021**

Date / Time :

17/06/2021

Registered in Merimen:

21/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBB 2099T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **16/06/2021 13:30**Place of Accident : **1002 JALAN BUKIT MERAH**

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

If NO, Driver Name / Age :

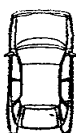
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SJT 2642K**INSRS:
WSP: **YSK AUTO
WORKSHOP**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJT 2642K - CC3/AIG13010904/T1qu2 ; 05/06/2013	Non-Reporting ltr (1st):	
	NBA/INC16015059/Y ; 05/08/2016	Non-Reporting ltr (2nd):	
	GBB 2099T - X	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: L/S S\$ \$2,500.00 (4 days) Reduction: \$1,901.64 % 43		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 12/10/2021 Confirm with JANET		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 2,500.00			
Loss of Rental (LOR): S\$ (days)		OI REVERSE HIT ONTO TPV	
Loss of Use (LOU): S\$ 360.00 (\$ 60 x 6 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: \$320.00	
Total: S\$ 2,867.45 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 2,867.45	Name 1: YSK AUTO WORKSHOP		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		