

ASSIGNMENTSurveyor: NAZDOI: 25/06/2021Date / Time : 24/06/2021Registered in Merimen: 24/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMS 271EClaim No. : 6232702057SGName of Insured : KONDEKERIL PHILIP GEORGEPolicy No. : 2070013405

Insured Tel No. : _____ HP: _____

Make / Model : Volvo XC40Excess Sec II :S\$ _____ D.O.A : 21/06/2021 23:05Place of Accident : Intersection of Mohamed Sultan Road and River Valley Road - 70 Zion Rd, Singapore 247792

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

If NO, Driver Name / Age : Cheryl Ellama Eribaren

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

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

Insured Liability : % **Final ? Yes / No**SMY 12EINSRS:
WSP: AP Automotive Services Pte Ltd
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SMY 12E - X	SMS 271E - X	STAGE	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
			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: <u>L/S</u>	S\$ <u>\$9,050.00</u> (<u>4</u> days) Reduction: <u>\$22,361.40</u> % <u>71</u>		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>03/08/2022</u>	Confirm with <u>JULIANA</u>	Email ☒ Call ☐	
Final Liability:	% <u>60</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: 9683.50	S\$ <u>5,810.10</u> W/GST			
Loss of Rental (LOR): 428	S\$ <u>256.80</u> (<u>4</u> days) x \$107.00		CONFLICTING VERSION	
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\$ <u>7.45</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>6,074.35</u>	Global Sum S\$: <u>5,500.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ <u>5,500.00</u>	Name 1: <u>AP AUTOMOTIVE SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		