

ASSIGNMENTSurveyor: **ADRIAN**

DOI: 11/08/2021

Date / Time : 11/08/2021

Registered in Merimen: 11/08/2021

Pre-assign / CCU / FTEInsured Vehicle No. : **SKU 6392M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 10/08/2021 07:42

Place of Accident : _____

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

If NO, Driver Name / Age :

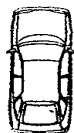
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKU 6392M**SMH 1095Z****SGT 1411C**

INSRS:

WSP:

Tel :

Liability :

RMKS: **OI**

INSRS:

WSP:

Tel :

Liability :

RMKS: **TP**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMH 1095Z		
	SKU 6392M		
	NA/AIG21008378/r3 ; 10.08.2021		
	- CS/AIG21008399/Atf3 ; 10.08.2021		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
19/01/2022	Pls refer to VIEWS for details.	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\$ 10,700.00	(7 days) Reduction: 64 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/01/2022	Confirm with Chris	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost: w/GST	S\$ 11,449.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 800.00 (\$ 100 x 8 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\$ 12,256.45	Global Sum S\$: 12,200.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 12,200.00	Name 1: GREEN FOREST AUTOMOBILE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	