

ASSIGNMENTSurveyor: **ADRIAN**DOI: **16/08/2021**Date / Time : **16/08/2021**Registered in Merimen: **19/08/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLM 3699D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **14/08/2021 16:00**

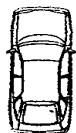
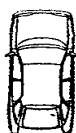
Place of Accident : _____

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****SLX 2282X**INSRS:
WSP: **ADVANCE**
Tel : **AUTO**
Liability : **GARAGE**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLX 2282X - X	Non-Reporting ltr (1st):	
	SLM 3699D - CC4/QBE18010730/R1ka3q2 ; 07.06.2018	Non-Reporting ltr (2nd):	
		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: LWP		
Repair Cost: L/S	S\$ 29,800.00 (28 days) Reduction: 41 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 12.04.22 Confirm with XAVIER	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost:	S\$ 28,500.00 (III RECOMMENDED) 3VEH CC OID LAST		
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 2,100.00 (\$ 60 x 35 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\$ 180.00 (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$600	
Total:	S\$ 30,787.45 Global Sum S\$: 30,780.00		
FINAL PAYMENT	Date/Time: 12.04.22 Confirm with: XAVIER	Email ☐ Call ☐	
Payee 1:	S\$ 30,780.00 Name 1: ADVANCE AUTO GARAGE		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		