

ASSIGNMENT

Surveyor: Adrian DOI: 19/08/2021 Date / Time : 20/08/2021

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 3730X
 Name of Insured : AOP LOGISTICS (S) PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 17/08/2021

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

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

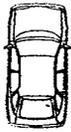
If NO, Driver Name / Age : _____

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

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

Insured Liability : _____ % **Final ? Yes / No**

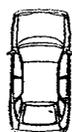
GBE 6820K →



INSRS:
WSP: PEOPLE'S VEHICLE
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	GBE 6820K : X ; YQ 3730X : 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 Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
	Others: <input type="checkbox"/> <input type="checkbox"/>

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____	Repair Cost: L/S \$S 6,100.00 (10 days) Reduction: \$3,125.54 % 34	Email <input type="checkbox"/> Call <input type="checkbox"/>
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FINAL SETTLEMENT Date/Time: <u>25/10/2021</u> Confirm with <u>APPLE</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u> If NO or B 28, Ass. Lia : <u>100%</u>
Repair Cost: \$S 6,527.00 W/GST (AXA'S INSTRUCTION)	
Loss of Rental (LOR): \$S _____ (_____ days)	C.C (OI LAST)
Loss of Use (LOU): \$S 600.00 (\$ 60 x 10 days)	
Loss of Income (LOI): \$S _____ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search \$S 7.45	
Medical: \$S _____	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: \$S _____ (e.g. Tow/Independent)	2) Report Format: TP
Legal Cost \$S _____	3) Survey fee: \$350.00
Total: \$S 7,134.45 Global Sum \$S: 7,000.00	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	Payee 1: \$S 7,000.00 Name 1: PEOPLE'S VEHICLE RECOVERY SERVICE
	Payee 2: (Strike if N.A.) \$S _____ Name 2: _____
	Payee 3: (Strike if N.A.) \$S _____ Name 3: _____