

ASSIGNMENTSurveyor: **ADRIAN**DOI: **21/08/2012**Date / Time : **21/08/2021**Registered in Merimen: **23/08/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **ET 6677T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **20/08/2021 07:55**Place of Accident : **PIE**

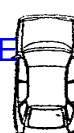
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SMX 1593T****ET 6677T****SLN 6025Z**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP: **ADVANCE**
Tel : **AUTO**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLN 6025Z - X	Non-Reporting ltr (1st):	
	ET 6677T - CS/AIG11002178/Avg1 ; 01.02.2011	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
17/02/2022	Pls refer to VIEWS for details.	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/sum	S\$ 5,500.00 (6 days) Reduction: 59 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 17/02/2022 Confirm with Xavier	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	0
Repair Cost:	S\$ 5,500.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
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\$ _____		
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\$ 5,860.00 Global Sum S\$: 5,860.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒	Call ☐
Payee 1:	S\$ 5,860.00 Name 1: ADVANCE AUTO GARAGE		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		