

ASSIGNMENTSurveyor: AdrianDOI: 29/09/2021Date / Time : 30/09/2021Registered in Merimen: 30/09/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLG 3339AClaim No. : 9485218019SGName of Insured : TAN YOU JIEPolicy No. : 2070134332

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 23/09/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SJF 1553PINSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJF 1553P : X ; SLG 3339A : 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:	Confirm by: <u>LWP</u>	
FINALIZATION	Date/Time:	Confirm with:	Email ☐ Call ☐	
Repair Cost:	<u>L/S</u> S\$ <u>4,000.00</u>	(<u>6</u> days) Reduction: <u>61</u> %		
FINAL SETTLEMENT	Date/Time: <u>08.09.22</u>	Confirm with <u>JING YEE</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>4,000.00</u>	OID REVERSED AND HIT TP PARKED VEH		
Loss of Rental (LOR):	S\$ <u>600.00</u>	(<u>6</u> days) x \$100		
Loss of Use (LOU):	S\$ <u>-</u>	(\$ x days)		
Loss of Income (LOI):	S\$ <u>-</u>	(\$ x days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ <u>-</u>	1) Claim status: Normal/Reject/Private Settlement		
Disbursement:	S\$ <u>-</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$320</u>		
Total:	S\$ <u>4,607.45</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>08.09.22</u>	Confirm with: <u>JING YEE</u>	Email ☐	Call ☐
Payee 1:	S\$ <u>4,607.45</u>	Name 1:	<u>HUA MENG SPRAY PAINTING WORKSHOP</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		