

**ASSIGNMENT**

Surveyor: Rasul DOI: 07/10/2021 Date / Time : 07/10/2021

Registered in Merimen:     

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SDT 67E  
 Name of Insured : LAU TZE YING  
 Insured Tel No. :      HP:       
**Excess Sec II :S\$**      D.O.A : 01/10/2021

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

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

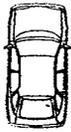
If NO, Driver Name / Age :     

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

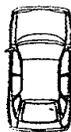
Driver Tel No. :      (VL:  YES / NO )

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

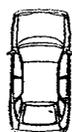
**SLZ 6206E**



INSRS:  
 WSP: AP AUTOMOTIVE  
 Tel :       
 Liability :       
 RMKS:     



INSRS:  
 WSP:       
 Tel :       
 Liability :       
 RMKS:     



INSRS:  
 WSP:       
 Tel :       
 Liability :       
 RMKS:     



INSRS:  
 WSP:       
 Tel :       
 Liability :       
 RMKS:     

Date/ Time	STAGE	DATE / PIC
	SLZ 6206E : NA/CTI21010220/T1 ; DOA : 01/10/2021	
	SDT 67E : CC4/FWD20003027/Aba3q2 ; DOA : 20/02/2020	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
03/01/2022	Pls refer to VIEWS for details.	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	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"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time:      Sent By:      Post-Repair Photos:    
 Others:

**FINALIZATION** Date/Time:      Confirm with:      Confirm by:       
 Repair Cost: L/sum S\$ 3,500.00 ( 5 days) Reduction: 81 % Email  Call

**FINAL SETTLEMENT** Date/Time: 03/01/2022 Confirm with Juliana Email  Call   
 Final Liability: % 80 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :     

Repair Cost: 3,745.00 S\$ 2,996.00 w/GST  
 Loss of Rental (LOR): 642.00 S\$ 513.60 ( 6 days) x\$100 w/GST

Loss of Use (LOU): S\$      (\$ x days)  
 Loss of Income (LOI): S\$      (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LOU  [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: \$350.00  
**Total:** S\$ 3,517.05 **Global Sum S\$: 3,400.00 (as per AXA mandate)**

**FINAL PAYMENT** Date/Time:      Confirm with:      Email  Call   
 Payee 1: S\$ 3,400.00 Name 1: AP Automotive Services Pte Ltd

Payee 2: (Strike if N.A.) S\$      Name 2:       
 Payee 3: (Strike if N.A.) S\$      Name 3: