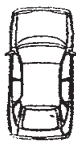


ASSIGNMENT

Surveyor: BRYAN DOI: 14/10/2021 Date / Time : 13/10/2021
 Registered in Merimen: 13/10/2021

Pre-assign / CCU / FTE

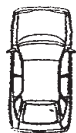
Insured Vehicle No. : SJV 6766A Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$ _____ D.O.A : 10/10/2021 15:00 Place of Accident : 25 LI HWAN CLOSE
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SMC 7075T**

INSRS: GOH LEE HWA
 WSP: AUTOMOBILE PTE LTD
 Tel : ALFRED
 Liability : AUTO
 RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	SMC 7075T - CC6/AIG20006649/Aga3q2; 21/06/2020	Non-Reporting ltr (1st):	
	CS/AGI21008286/Utf3n2; 30/07/2021	Non-Reporting ltr (2nd):	
	SJV 6766A - CC3/AIG21010509/Aqc ; 10.10.2021	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
09/12/2021	Pls refer to VIEWS for details.	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 P/P	S\$ 6,119.44 (6 days) Reduction: 54 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09/12/2021 Confirm with Alfred	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,119.44		
Loss of Rental (LOR):	S\$ 1,200.00 (8 days) x\$150.00		
Loss of Use (LOU):	S\$ (\$ x 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 Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 7,326.89 Global Sum S\$: 7,300.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 7,300.00 Name 1: GOH LEE HWA AUTOMOBILE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		