

ASSIGNMENT

Surveyor: Bryan DOI: 15.10.2021 Date / Time : 15/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 2788E
 Name of Insured : Low Seong Kang
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 14/10/2021

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

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

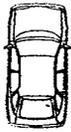
If NO, Driver Name / Age : _____

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

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

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

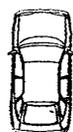
SKT 6966M → _____ → _____ → _____ → _____



INSRS: _____
 WSP: ALFRED AUTO
 Tel : _____
 Liability : _____
 RMKS: _____



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



INSRS: _____
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INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
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Date/ Time		STAGE	DATE / PIC
	SKT 6966M : X	Non-Reporting ltr (1st):	
	SJN 2788E : CC6/AIG14021880/Kry3q2 : DOA : 21/11/2014	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>07/01/2022</u>	<u>Pls refer to VIEWS for details.</u>	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:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/sum S\$ 11,000.00 (6 days) Reduction: 71 % Email Call

FINAL SETTLEMENT Date/Time: 07/01/2022 Confirm with Alfred Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100

Repair Cost: S\$ 11,000.00
 Loss of Rental (LOR w/GST) S\$ 2,568.00 (16 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 + LOU [Tick only one]
 GIA/LTA Search S\$ 7.45
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$350.00

Total: S\$ 13,575.45 **Global Sum S\$: 13,500.00 (as per AXA mandate)**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ 13,500.00 Name 1: Alfred Auto Services & Supplies

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

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