

ASSIGNMENTSurveyor: **STEVE**DOI: **27/10/2021**Date / Time : **27/10/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 6719B**Claim No. : **21/21/21/VC05/025068**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21/10/2021 12:30**Place of Accident : **134 Marsiling Rd, Block 134, Singapore 730134**

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****SLE 4491X**INSRS:
WSP: **AUTO**
Tel : **INSURE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLE 4491X - X	YN 6719B - 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 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:	☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: CTY	
Repair Cost: L/S	S\$ 1,700.00 (2 days) Reduction: 51 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 15.07.22 Confirm with MAE	Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 1,819.00	OID REVERSED INTO THE PARKING LOT HIT TP		
Loss of Rental (LOR):	S\$ 400.00 (4 days) x \$100			
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\$ 2.00			
Medical:	S\$ -	1) Claim status: Normal/ Reject/Partial Settlement		
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ -	3) Survey fee: \$400		
Total:	S\$ 2,221.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 15.07.22 Confirm with: MAE	Email ☐ Call ☐		
Payee 1:	S\$ 2,221.00	Name 1:	AUTO INSURE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		