

ASSIGNMENTSurveyor: **STEVE**DOI: **28/10/2021**Date / Time : **27/10/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XD 3883T**Claim No. : **21/21/21/VC05/025081**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/10/2021**

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 / NO

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

Insured Liability : _____ % **Final ? Yes / No****SGQ 5959D**INSRS:
WSP: **WAH HONG
MOTORS &
CREDIT PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGQ 5959D - NA1/LPC08012787/e1 ; 21/04/2008	Non-Reporting ltr (1st):	
	SS/TP08013297/Avn ; 21/04/2008	Non-Reporting ltr (2nd):	
	XD 3883T - CC6/AXA14017807/Khy3q2 ; 12/09/2014	Non-Reporting ltr (Final):	
	NA/UOI18019041/z4 ; 19/10/2018	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
04/12/2021	Pls refer to VIEWS for details.	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\$ 2,351.60 (3 days) Reduction: 9 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/12/2021 Confirm with Wah Hong	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost w/GST	S\$ 2,516.21		
Loss of Rental (LOR):	S\$ 300.00 (3 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/Print/Seale	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$400.00	
Total:	S\$ 2,818.21 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 2,818.21 Name 1: Wah Hong Motors & Credit Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		