

ASSIGNMENTSurveyor: KennethDOI: 02/11/2021Date / Time : 02/11/2021Registered in Merimen: 02/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKP 996L

Claim No. : _____

Name of Insured : LIU JIALIANG, ERIC

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 31/10/2021Place of Accident : 1 HarbourFront Walk, VIVOCITY CARPARKIs driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SLA 3854K**INSRS:
WSP: AH LIM MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLA 3854K : X	STAGE
	SKP 996L : CS/AIG21011143/Eqf3 ; DOA : 31/10/2021	DATE / PIC
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
CLAIMANT-	LEE SOAK YEE	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	TPV: NISSAN NOTE - 1198cc	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\$ <u>\$4,496.60</u> (<u>5</u> days) Reduction: <u>\$1,060.64</u> % <u>19</u>	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/04/2022 Confirm with <u>MUI HONG</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>10</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>4,811.36</u> W/GST	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>480.00</u> (\$ <u>60</u> x <u>8</u> days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ <u>2.00</u>	
Medical:	S\$ _____	1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ <u>55.00</u> (e.g. ☒ Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>5,348.36</u> Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>5,348.36</u> Name 1: <u>AH LIM MOTOR COMPANY</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	