

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 15/11/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : YN 8778S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/11/2021 19:15

Place of Accident : 53 Lengkok Bahru, Singapore 150053

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

SLF 8581M

INSRS:
WSP: ETHOZ GROUP
Tel : LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLF 8581M - CC6/AXA17003970/Ueb3q2 ; 21.02.2017		
	YN 8778S - X	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: CKS		
Repair Cost: L/S	S\$ 2,100.00 (4 days) Reduction: 31 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 23.02.22 Confirm with: AI LEE	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,247.00	OID EXIT THE PARKING LOT AND HIT TP	
Loss of Rental (LOR):	S\$ - (- days)		
Loss of Use (LOU):	S\$ 240.00 (\$ 60 x 4 days)		
Loss of Income (LOI):	S\$ - (\$ - x - days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 31.00		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$400	
Total:	S\$ 2,518.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 23.02.22 Confirm with: AI LEE	Email ☐ Call ☐	
Payee 1:	S\$ 2,518.00	Name 1: ETHOZ GROUP LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	