

**ASSIGNMENT**

Surveyor:

**Adrian**

DOI:

**16/11/2021**

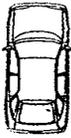
Date / Time :

**21/11/2021**

Registered in Merimen:

**21/11/2021**

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **GBF 923G**

Claim No. : **0034427179SG**

Name of Insured : **Hor Giap Trading**

Policy No. : **1800072863**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **16/11/2021**

Place of Accident : **Henderson Rd**

Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_

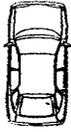
If **NO**, Driver Name / Age :

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

Driver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

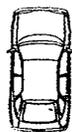
**SLX 6974G**



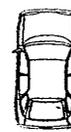
INSRS:  
WSP: **ADVANCE AUTO**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SLX 6974G : X	Non-Reporting ltr (1st):	
GBF 923G : CC4/AIG18002638/Kjb3q2 ; DOA : 07/02/2018	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	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"/>
CLAIMAINT - TTH LEASING	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
TPV: H.FREED - 1496cc	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____
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Repair Cost: <b>LS</b> S\$ <b>\$4,200.00</b> ( <b>6</b> days) Reduction: <b>\$5,913.60</b> % <b>58</b> Email <input type="checkbox"/> Call <input type="checkbox"/>
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<b>FINAL SETTLEMENT</b> Date/Time: 16/08/2022 Confirm with <b>Xavier</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>11c</b> If NO or B 28, Ass. Lia :
Repair Cost: S\$ <b>4,200.00</b>
Loss of Rental (LOR): S\$ _____ ( _____ days)
Loss of Use (LOU): S\$ <b>450.00</b> ( \$ <b>50</b> x <b>9</b> days)
Loss of Income (LOI): S\$ _____ ( \$ _____ x _____ days)
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> <b>[Tick only one]</b>
GIA/LTA Search S\$ _____
Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent )	1) Claim status: <b>Normal</b> /Reject/Private Settle
Legal Cost S\$ _____	2) Report Format: <b>TP</b>
	3) Survey fee: <b>\$320.00</b>

<b>Total:</b> S\$ <b>4,650.00</b> <b>Global Sum S\$:</b> _____
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<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Payee 1: S\$ <b>4,650.00</b> Name 1: <b>ADVANCE AUTO GARAGE</b>
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____