

ASSIGNMENT

Surveyor:

XGQ

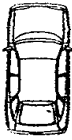
DOI:

01/12/2021

Date / Time :

01/12/2021

Registered in Merimen:

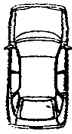
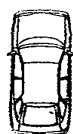
07/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLJ 8269U**Claim No. : **4237057872SG**Name of Insured : **HOW CHOON SIONG**Policy No. : **2100495762**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **02/12/2021**Place of Accident : **Nanyang Dr**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****SLN 6623Y**INSRS:
WSP: PROVI
Tel : AUTOWORKS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLN 6623Y : CC4/LPC19000035/Ugb3s2 ; DOA : 29/12/2018	STAGE
	SLJ 8269U : X	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: LS	S\$ \$5,500.00 (7 days) Reduction: \$13,410.93% 71	Confirm by:
FINAL SETTLEMENT	Date/Time: 02/08/2022 Confirm with provi	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,500.00	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 350.00 (\$ 50 x 7 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 31.00	
Medical:	S\$	1) Claim status: Normal /Reject/Private Settle
Disbursement:	S\$ 60.00 (e.g. Tov / Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 5,941.00	Global Sum S\$: 5,900.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 5,900.00	Email ☒ Call ☐
Payee 2: (Strike if N.A.)	S\$	Name 1: PROVI AUTOWORKS PTE LTD
Payee 3: (Strike if N.A.)	S\$	Name 2:
		Name 3: