

**ASSIGNMENT**

Surveyor: LWP DOI: 20/12/2021 Date / Time : 14/12/2021  
 Registered in Merimen: 14/12/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GY 273P Claim No. : 7443855200SG  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 11.12.2021 13:25 Place of Accident : CTE (SLE) AFTER ANG MO KIO AVE 1 EXIT  
 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**

**YN 278X**



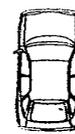
INSRS:  
WSP: **HD Perfect**  
Tel : **Autowork Pte. Ltd**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



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WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>YN 278X - CC3/EQ115005115/H1na3q2 ; 21.03.2015</b> <b>GY 273P - X</b>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	<b>CLAIMANT - SKK WORKS PTE LTD</b>	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
	<b>TPV: MITSUBISHI CANTER - 2977cc</b>	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>L/S</b>	<b>S\$ 3000.00</b> ( 4 days) Reduction: <b>19,036.03 % 86</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>13/04/2022</b> Confirm with <b>SHANELLE</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	<b>S\$ 3,000.00</b>		
Loss of Rental (LOR):	<b>S\$</b> ( _____ days)		
Loss of Use (LOU):	<b>S\$ 400.00</b> (\$ <b>100</b> x <b>4</b> days)		
Loss of Income (LOI):	<b>S\$</b> (\$ _____ x _____ days)		
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	<b>S\$ 36.45</b>		
Medical:	<b>S\$</b>	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	<b>S\$</b> (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	<b>S\$</b>	3) Survey fee: <b>\$320.00</b>	
<b>Total:</b>	<b>S\$ 3,436.45</b>	<b>Global Sum S\$:</b>	<b>3,400.00</b>
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	<b>S\$ 3,400.00</b>	Name 1:	<b>HD PERFECT AUTOWORK PTE LTD</b>
Payee 2: (Strike if N.A.)	<b>S\$</b>	Name 2:	
Payee 3: (Strike if N.A.)	<b>S\$</b>	Name 3:	