

ASSIGNMENTSurveyor: **KENNETH**DOI: **15/12/2021**Date / Time : **14/12/2021**Registered in Merimen: **14/12/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNA 6132S**Claim No. : **9821412285SG**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **10/12/2021 19:20**Place of Accident : **598 Yishun Ring 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**SLT 5028R**INSRS:
WSP: **Ah Lim Motor Company**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLT 5028R - X	SNA 6132S -X	STAGE	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 :	☐
	CLAIMANT - GOH KWANG ANG		Medical Bill:	☐
			PIR:	☐
	TPV: KIA CERATO K3 - 1591cc		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: PP	S\$ \$2,739.20 (3 days)	Reduction: \$1,560.30 % 36	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 01/06/2022	Confirm with MUI HONG	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,930.94	W/GST		
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 180.00 (\$ 60 x 3 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S\$ 2.00			
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: \$320.00	
Total:	S\$ 3,112.94	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 3,112.94	Name 1: AH LIM MOTOR COMPANY		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		