

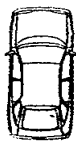
ASSIGNMENT

Surveyor: _____

DOI: 17/12/2021

Date / Time : 16.12.2021

Registered in Merimen: 16.12.2021

Pre-assign / CCU / FTEInsured Vehicle No. : **SNB 4226M**

Claim No. : -

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 15/12/2021 10:30

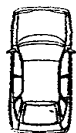
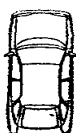
Place of Accident : SLIP ROAD OF LORONG 2 TOA PAYOH TO PIE (CHANGI)

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****SKA 488R**INSRS: **Caris**
WSP: **Autoworks**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SNB 4226M - X	Non-Reporting ltr (1st):	
	SKA 488R - CC4/AIG21002724/Uga3q2 ; 30/05/2019	Non-Reporting ltr (2nd):	
	CS/AXA17013613/T1vbs2; 06/07/2017	Non-Reporting ltr (Final):	
	CV1/VAL17013755/T1v; 06/07/2017	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 :	☐ ☐
	CLAIMAINT - Tan Chee Hong	Medical Bill:	☐ ☐
		PIR:	☐ ☐
	TPV: NISSAN X-TRAIL - 1997cc	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: LS	\$S\$ 1700.00 (3 days) Reduction: 2365.12 % 58	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/08/2022 Confirm with SHERI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S\$ 1,700.00		
Loss of Rental (LOR):	\$S\$ (days)		
Loss of Use (LOU):	\$S\$ 280.00 (\$ 70 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\$ 7.45		
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: \$350.00	
Total:	\$S\$ 1,987.45 Global Sum S\$: 1,980.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S\$ 1,980.00 Name 1: CARIS AUTOWORKS PTE LTD		
Payee 2: (Strike if N.A.)	\$S\$ Name 2:		
Payee 3: (Strike if N.A.)	\$S\$ Name 3:		