

ASSIGNMENT

Surveyor: Kenneth

DOI: 17/12/2021

Date / Time : 17/12/2021

Registered in Merimen: 17/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJR 2355A

Claim No. : _____

Name of Insured : TAN SOCK NGIAK

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

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

Place of Accident : SLIP ROAD FROM GAMBAS AVE TO WOODLANDS AVE 12

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**

SLU 1680C



INSRS: WSP: JA AUTOCARE
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLU 1680C : X	Non-Reporting ltr (1st):	
	SJR 2355A : CC6/AIG17011576/pb3XX ; DOA : 03/04/2017	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	CLAIMANT - AW SYN HUI (OU XINGHUI)	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
	TPV: MIT. ATTRAGE - 1193cc	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"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos: Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L/S S\$ **\$3,650.00** (6 days) Reduction: \$8,121.50 % 69 Email Call

FINAL SETTLEMENT Date/Time: 11/04/2022 Confirm with JENNY Email Call
Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **3,650.00**
Loss of Rental (LOR): S\$ **700.00** (7 days) x \$100.00
Loss of Use (LOU): S\$ (\$ x days)
Loss of Income (LOI): S\$ (\$ x days)
LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$
Medical: S\$
Disbursement: S\$ (e.g. Tow/ Independent)
Legal Cost S\$
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320.00

Total: S\$ **4,350.00** **Global Sum S\$:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 4,350.00 Name 1: JA AUTOCARE PTE LTD

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3: