

Surveyor:

ADRIAN

DOI:

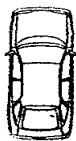
ASSIGNMENT
22/12/2021

Date / Time :

22/12/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 967R

Claim No. : D21003489MCVT

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$ D.O.A : 21/12/2021

Place of Accident :

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. :

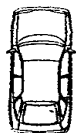
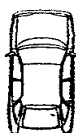
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMA 4621Y

INSRS:
WSP:
Tel :
Liability :
RMKS: ADVANCE
AUTO
GARAGEINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMA 4621Y	NA/EQI21012950/r3 ; 21.12.2021	Non-Reporting ltr (1st):	
	YN 967R		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:	Confirm by: LWP	
Repair Cost:	L/S S\$ 4,100.00	(4 days) Reduction: 49 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐	Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		survey fee: \$170	
Loss of Rental (LOR):	S\$	(days)	trip: \$100	
Loss of Use (LOU):	S\$	(\$ x days)	photo: \$38	
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP/WP	
Legal Cost	S\$		3) Survey fee: \$308	
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		