

Surveyor:

Adrian

DOI:

ASSIGNMENT
24/12/2021

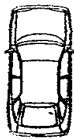
Date / Time :

23/12/2021

Registered in Merimen:

23/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 8059PClaim No. : 6768158783SGName of Insured : GOH GEOK CHOO @ LIM GEOK CHOOPolicy No. : 2100205259

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/12/2021

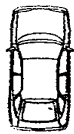
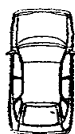
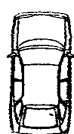
Place of Accident : _____

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**SNC 7433G → _____ → _____ → _____ → _____INSRS:
WSP: JL PERFECT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SNC 7433G : NA/CTI21013052/r3 ; DOA : 22/12/2021	STAGE
	SJW 8059P : NA/AIG21012997/r3 ; DOA : 22/12/2021	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 : ☐ ☐
		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:
Repair Cost: <u>L/S</u> S\$ <u>7,800.00</u> (<u>9</u> days) Reduction: <u>65</u> %		Confirm by: <u>LWP</u>
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>15.09.22</u>	Confirm with <u>IRENE</u>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		Email ☐ Call ☐
Repair Cost: S\$ <u>7,800.00</u>		If NO or B 28, Ass. Lia :
Loss of Rental (LOR): S\$ <u>-</u> (<u> </u> days)		
Loss of Use (LOU): S\$ <u>780.00</u> (\$ <u>60</u> x <u>13</u> days)		
Loss of Income (LOI): S\$ <u>-</u> (\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>36.45</u>		
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$320</u>
Total: S\$ <u>8,616.45</u>	Global Sum S\$: <u>8,610.00</u>	
FINAL PAYMENT	Date/Time: <u>15.09.22</u>	Confirm with: <u>IRENE</u>
Payee 1: S\$ <u>8,610.00</u>	Name 1: <u>JL PERFECT AUTOWORK PTE LTD</u>	Email ☐ Call ☐
Payee 2: (Strike if N.A.) S\$ <u> </u>	Name 2: <u> </u>	
Payee 3: (Strike if N.A.) S\$ <u> </u>	Name 3: <u> </u>	