

Surveyor: Bryan

ASSIGNMENT
DOI: 27/12/2021

CC4/ASM21013121/Dpa3

Date / Time : 27/12/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 6871A

Claim No. : S1M03PCI

Name of Insured : KENT AUTO SERVICES

Policy No. : P2203634

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 23/12/2021

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

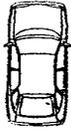
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

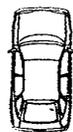
GBK 2047X



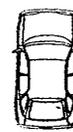
INSRS:
WSP: ALFRED AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBK 2047X : X ; SLW 6871A : 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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

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

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L/sum S\$ 6,800.00 (7 days) Reduction: 72 % Email Call

FINAL SETTLEMENT Date/Time: 29/03/2022 Confirm with Alfred Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100

Repair Cost: S\$ 6,800.00
Loss of Rental (LOR): S\$ 840.00 (6 days) x \$140.00
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\$ 7.45
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: \$350.00

Total: S\$ 7,647.45 **Global Sum S\$:** 7,600.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 7,600.00 Name 1: ALFRED AUTO SERVICES & SUPPLIES

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____