

ASSIGNMENTSurveyor: **ADRIAN**DOI: **03/01/2022**Date / Time : **03/01/2022**Registered in Merimen: **10.01.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKT 7997S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **01/01/2022**

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

SMS 397BINSRS:
WSP: **ADVANCE
AUTO GARAGE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																			
	SMS 397B - x	SKT 7997S - 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: <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td></tr> </tbody> </table>	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:	☐	Post-Repair Photos:	☐	Others:	☐
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:	☐																																		
Post-Repair Photos:	☐																																		
Others:	☐																																		
PRELIMINARY ADVICE	Date/Time:	Sent By:																																	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:																																
Repair Cost: L/Sum	S\$ 4,000.00 (6 days) Reduction: 58 %		Email ☐ Call ☐																																
FINAL SETTLEMENT	Date/Time: 21/11/2022 Confirm with Mr Xavier		Email ☒ Call ☐																																
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : B9		If NO or B 28, Ass. Lia :																																
Repair Cost:	S\$ 4,000.00																																		
Loss of Rental (LOR):	S\$ (days)																																		
Loss of Use (LOU):	S\$ 360.00 (\$ 60 x 6 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: \$320.00																																
Total:	S\$ 4,367.45	Global Sum S\$: 4,000.00																																	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐																																
Payee 1:	S\$ 4,000.00	Name 1: ADVANCE AUTO GARAGE																																	
Payee 2: (Strike if N.A.)	S\$	Name 2:																																	
Payee 3: (Strike if N.A.)	S\$	Name 3:																																	