

ASSIGNMENT

Surveyor:

ADRIANDOI: **04/01/2022**Date / Time : **04/01/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMV 8670T**Claim No. : **SNM22D200325/C02/SMV8670T/LEWLC**

Name of Insured : _____

Policy No. : **DMPCSNW00192242101**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26.12.2021 22:00**

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**SMF 311S**INSRS: **ADVANCE**
WSP: **AUTO**
Tel : **GARAGE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBH 5870G - CC6/III21011257/T1ea3 ; 31.10.2021	Non-Reporting ltr (1st):	
	SMV 8670T - CS/CTI21009471/T1tc ; 30.08.2021	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\$ 2,300.00 (2 days) Reduction: 62 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 14.07.22 Confirm with XAVIER		Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 2,300.00		OI REAR ENDED TP	
Loss of Rental (LOR): S\$ 300.00 (3 days) X \$100			
Loss of Use (LOU): S\$ - (\$ x 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: \$400	
Total: S\$ 2,607.45 Global Sum S\$:			
FINAL PAYMENT Date/Time: 14.07.22 Confirm with: XAVIER		Email ☐ Call ☐	
Payee 1: S\$ 2,607.45 Name 1: ADVANCE AUTO GARAGE			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			