

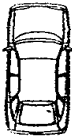
Surveyor:

Adrian

DOI:

ASSIGNMENT
17/01/2022Date / Time : 19/01/2022Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : CB 148L

Claim No. : _____

Name of Insured : LEE KIAU BENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

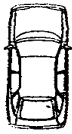
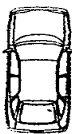
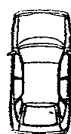
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/01/2022

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SKX 600L →INSRS:
WSP:
Tel : ADVANCE AUTO
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKX 600L : <u>NA/CTI22000625/m4 ; DOA : 14/01/2022</u>	STAGE
	CB 148L :	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/sum</u>	S\$ <u>5,200.00</u> (<u>4</u> days) Reduction: <u>59</u> %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>25/08/2022</u>	Confirm with: <u>Xavier</u>
		Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>5,200.00</u>	
Loss of Rental (LOR):	S\$ (_____ days)	
Loss of Use (LOU):	S\$ <u>600.00</u> (\$ <u>100</u> x <u>6</u> days)	
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle
Legal Cost	S\$	2) Report Format: <u>TP</u>
		3) Survey fee: <u>\$400.00</u>
Total:	S\$ <u>5,800.00</u>	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ <u>5,800.00</u>	Name 1: <u>ADVANCE AUTO GARAGE</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: