

ASSIGNMENTSurveyor: **ADRIAN**DOI: **26.01.2022**Date / Time : **26.01.2022**Registered in Merimen: **28.01.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMF 8326Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **25.01.2022 14:45**

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****SLF 2351A**INSRS: **HD Perfect**
WSP: **Autowork Pte.**
Tel : **Ltd.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SLF 2351A	NA/AIG22000886/m4 ; 25.01.2022	STAGE	DATE / PIC	
	SMF 8326Y		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:	Confirm by:	LWP	
Repair Cost:	L/S S\$ 7,400.00	(6 days) Reduction: 64 %	Email	☐	Call ☐
FINAL SETTLEMENT	Date/Time: 15.09.22	Confirm with IRENE	Email	☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 7,400.00	OI CHANGED LANE HIT TP			
Loss of Rental (LOR):	S\$ -	(_____ days)			
Loss of Use (LOU):	S\$ 480.00	(\$ 60 x 8 days)			
Loss of Income (LOI):	S\$ -	(\$ _____ x _____ days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$ -				
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		
Total:	S\$ 7,880.00	Global Sum S\$:			
FINAL PAYMENT	Date/Time: 15.09.22	Confirm with: IRENE	Email	☐	Call ☐
Payee 1:	S\$ 7,880.00	Name 1: HD PERFECT AUTOWORK PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			