

ASSIGNMENT

Surveyor:

STEVE

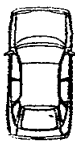
DOI:

07/02/2022

Date / Time :

04/02/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SKX 3378J**Claim No. : **SNM22D200798/C02/SKX3378J/TANKL**

Name of Insured : _____

Policy No. : **DMPCSNW00249812105**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **30/01/2022 16:40**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

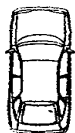
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SLE 3529D**INSRS: **Automotive**
WSP: **Repair**
Tel : **Centre**
Liability: **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SLE 3529D - X	SKX 3378J - X	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
			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: CTY	
Repair Cost: P/P	S\$ 720.00	(2 days) Reduction: 29 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 01.09.22	Confirm with SHU JUAN	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 770.40	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 180.00	(\$ 60 x 3 days)		
Loss of Income (LOI):	S\$ ✓	(\$ x days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ -		2) Report Format: TP	
Total:	S\$ 952.40	Global Sum S\$: 950.00	3) Survey fee: \$400	
FINAL PAYMENT	Date/Time: 01.09.22	Confirm with: SHU JUAN	Email ☐	Call ☐
Payee 1:	S\$ 950.00	Name 1:	AUTOMOTIVE REPAIR CENTRE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		