

INS. CASE OWNER:

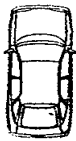
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **14/02/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YM 9266B**Claim No. : **21/22/22/VC05/025447**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **09/02/2022 1428**

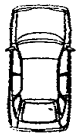
Place of Accident : _____

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****YN 4061C**INSRS:
WSP: **ASM Automotive
Services Pte Ltd**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YN 4061C - CC6/QBE15017542/Fwb3q2; 13/10/2015	Non-Reporting ltr (1st):	
	NA/CTI15021197/h4 ; 10/12/2015	Non-Reporting ltr (2nd):	
	YM 9266B - X	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: CTY		
Repair Cost: L/S	S\$ 6,000.00 (7 days) Reduction: 40 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 14.07.22 Confirm with JACLYN	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 6,420.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 840.00 (\$ 120 x 7 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\$ -	1) Claim status: Normal/ Reject/Partial Settlement	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$400	
Total:	S\$ 7,262.00 Global Sum S\$: 7,260.00		
FINAL PAYMENT	Date/Time: 14.07.22 Confirm with: JACLYN	Email ☐	Call ☐
Payee 1:	S\$ 7,260.00 Name 1: ASM AUTOMOTIVE SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		