

ASSIGNMENTSurveyor: **ADRIAN**DOI: **14/02/2022**Date / Time : **14/02/2022**Registered in Merimen: **15/02/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBD 6370Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/02/2022 19:30**Place of Accident : **ANG MO KIO ST 52 (IN FRT OF BLK 527 MARKET)**

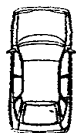
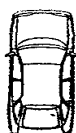
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SDW 8308S****GBD 6370Y****SJP 6102Y****SMR 3730H**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **YSK AUTO WORKSHOP**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJP 6102Y - X	Non-Reporting ltr (1st):	
	GBD 6370Y - NA/AIG18005919/z4; 02/04/2018	Non-Reporting ltr (2nd):	
	NBA/AIG22001413/T; 12/02/2022	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\$ 8,700.00 (9 days) Reduction: 57%	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 20.06.22 Confirm with JANET	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,800.00 4VEH CC OID 3RD		
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 660.00 (\$ 60 x 11 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\$ 60.00 (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 8,527.45 Global Sum S\$: 8,520.00		
FINAL PAYMENT	Date/Time: 20.06.22 Confirm with: JANET	Email ☐ Call ☐	
Payee 1:	S\$ 8,520.00 Name 1: YSK AUTO WORKSHOP		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		