

ASSIGNMENTSurveyor: **ADRIAN**DOI: **21.02.2022**Date / Time : **21/02/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKL 8308S**Claim No. : **S2M03S94**Name of Insured : **MEIKO BUILDING MATERIALS SUPPLIER (S) PTE LTD**Policy No. : **GA250428**

Insured Tel No. : _____ HP: _____

Make / Model : **BMW 528i**Excess Sec II :S\$ _____ D.O.A : **28/01/2022 12:05**Place of Accident : **PAYA LEBAR SLIP ROAD TO SIMS AVENUE**

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

If NO, Driver Name / Age : **TOW TAI HUAT**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SKL 5645MINSRS:
WSP: **ADVANCE
AUTO
GARAGE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKL 5645M - X	SKL 8308S - X	STAGE	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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost: L/sum	S\$ 2,000.00 (3 days) Reduction: 53 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 15/07/2022 Confirm with Xavier	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 2,000.00			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ 240.00 (\$ 60 x 4 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: \$350.00		
Total:	S\$ 2,240.00	Global Sum S\$: 2,240.00		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 2,240.00	Name 1:	Advance Auto Garage	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		