

ASSIGNMENT

Surveyor:

Adrian

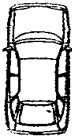
DOI:

02/03/2022

Date / Time :

03/03/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **GZ 2054L**Claim No. : **SNM22D201547/C02/GZ2054L/TANKW**Name of Insured : **AH SAN MOTOR TRADING & REPAIRING**Policy No. : **DMCVSNA00004752201**

Insured Tel No. : _____ HP: _____

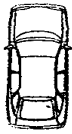
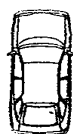
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **01/03/2022**

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****SMC 9657B**INSRS:
WSP: **YSK AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMC 9657B : X ; GZ 2054L : 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
			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\$ 10,900.00 (7 days) Reduction: 49 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 07/06/2022	Confirm with Janet	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0	
Repair Cost:	S\$ 10,900.00			
Loss of Rental (LOR):	S\$ 1,280.00 (8 days) x\$160.00			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.45			
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: \$400.00	
Total:	S\$ 12,187.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 12,187.45	Name 1: YSK AUTO WORKSHOP		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		