

ASSIGNMENTSurveyor: ADRIANDOI: 04.03.2022Date / Time : 04.03.2022Registered in Merimen: 07.03.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SKW 8342J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03.03.2022 13:23

Place of Accident : _____

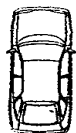
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

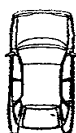
Insured Liability : % **Final ? Yes / No**SKW 8342JSND 1669CGBH 1015K

INSRS:

WSP:

Tel :

Liability :

RMKS: **OI**

INSRS:

WSP: **J-MART**Tel : **MOTOR**

Liability :

RMKS: **TP**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			STAGE	DATE / PIC
	SND 1669C - X	SKW 8342J - 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 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:	
Repair Cost: L/SUM	S\$ 2,500.00 (7 days) Reduction: 81 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/02/2023 Confirm with Angie		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100	
Repair Cost: 7% GST	S\$ 2,675.00			
Loss of Rental (LOR):	S\$ 1,200.00 (8 days) X \$150.00			
Loss of Use (LOU):	S\$ (\$ x 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: \$400.00	
Total:	S\$ 3,875.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 3,875.00	Name 1: J-MART MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		