

ASSIGNMENTSurveyor: **STEVE**DOI: **10/3/2022**Date / Time : **10.03.2022**Registered in Merimen: **10.03.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLN 6080M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **07.03.2022**

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****SHA 9515Y**INSRS: **Ding Automotive Pte Ltd**
WSP:
Tel :
Liability
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLN 6080M - X	Non-Reporting ltr (1st):	
	SHA 9515Y - CS/HSB08026854/Kbh ; 29/09/2008	Non-Reporting ltr (2nd):	
	CS/QW09028759/Rch; 16/12/2009	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 5,050.00 (4 days) Reduction: 65 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 07.06.22 Confirm with SARAH	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 4a	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 5,403.50	OID TRAVEL STRAIGHT WITH STOP LINE HIT TP	
Loss of Rental (LOR):	\$S 879.00 (7.5 days) X \$117.20		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S 300.00 (\$ 40 x 7.5 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: \$500	
Total:	\$S 6,582.50 Global Sum \$S: 6,550.00		
FINAL PAYMENT	Date/Time: 07.06.22 Confirm with: SARAH	Email ☐ Call ☐	
Payee 1:	\$S 6,550.00 Name 1: DING AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		