

ASSIGNMENTSurveyor: ADRIAN

DOI: _____

Date / Time : 11/03/2022Registered in Merimen: 11/03/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SMM 4926E

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

SLN 3122XINSRS:
WSP: SR AUTOWORKS
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SLN 3122X - NA/AIG22002219/m4 ; 07.03.2022</u>	Non-Reporting ltr (1st):	
	<u>SMM 4926E - NA/AIG22002219/m4 ; 07.03.2022</u>	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: <u>L/sum</u>	S\$ <u>14,800.00</u> (<u>15</u> days) Reduction: <u>71</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>26/09/2022</u> Confirm with <u>SR AUTOWORKS PTE LTD</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost:	S\$ <u>14,250.00</u> (as per III mandate)		
Loss of Rental (LOR):	S\$ <u>2,400.00</u> (<u>20</u> days) x \$120		
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\$ <u>36.45</u>		
Medical:	S\$		
Disbursement:	S\$ <u>310.00</u> (e.g. <u>Low</u> /Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format: <u>TP</u>	
		3) Survey fee: <u>\$600.00</u>	
Total:	S\$ <u>16,996.45</u> Global Sum S\$: <u>17,000.00 (as per III mandate)</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ <u>17,000.00</u> Name 1: <u>SR AUTOWORKS PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		