INS. CASE OWNER:	TEO Kitty 6568804602	CC4/ASM22003076/Apa3	LKK: IDAC: 256234

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/04/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.	:	GBJ 1676S	Claim No.	:	S2M03XK0
Name of Insured	:		Policy No.	:	GA607985
Insured Tel No.	:	HP:	Make / Model	:	

Excess Sec II :S$ _____ D.O.A : 01.04.2022 18:55 Place of Accident : Carpark Between Block 940 & 941 Tampines Avenue 5

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**

SJS 6298A ——→ _____ ——→ _____ ——→ _____ ——→ _____

INSRS: JL Perfect Autowork Pte. Ltd. WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SJS 6298A - X GBJ 1676S - 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$ 8,700.00 (6 days) Reduction: 61 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/04/2023 Confirm with irene Email ☑ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,700.00		
Loss of Rental (LOR):	S$ 980.00	(7 days) X$140.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$ 38.45		
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: $350.00
Total:	**S$ 9,718.45**	**Global Sum S$: 9,650.00**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☑ Call ☐

Payee 1:	S$ 9,650.00	Name 1:	JL PERFECT AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	