

ASSIGNMENT

Surveyor:

MARCUSDOI: **05/04/2022**Date / Time : **05/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJR 2516C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **01/04/2022 15:05**Place of Accident : **Ubi Ave 3, Singapore**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

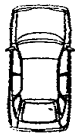
Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____

%

Final ? Yes / No**YN 8329E**

INSRS:

WSP: **JIN AUTO**

Tel :

Liability :

RMKS:



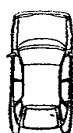
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	YN 8329E - X		
	SJR 2516C - CC3/AXA13000473/H1v1f3c3; 04/01/2013	Non-Reporting ltr (1st):	
	CC6/AXA12007370/Ahc3f1 ; 10/04/2012	Non-Reporting ltr (2nd):	
	CC6/CTI21007392/Aes3q2; 05/07/2021	Non-Reporting ltr (Final):	
	CS3/AXA13008539/Uvd1-1; 08/05/2013	Notification ltr (if non-pickup):	
	CS3/AXA13008539/Yf3; 08/05/2013	Call OI:	
	NA/INC12007212/w1; 10/04/2012	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: CKS
Repair Cost: L/S	S\$ 1,250.00	(3 days) Reduction: 68 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.07.22	Confirm with JOUIS	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 1,337.50	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ -	(_____ days)	
Loss of Use (LOU):	S\$ 600.00	(\$ 120 x 5 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\$ -		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle
Legal Cost	S\$ -		2) Report Format: TP
			3) Survey fee: \$350
Total:	S\$ 1,937.50	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 12.07.22	Confirm with: JOUIS	Email ☐ Call ☐
Payee 1:	S\$ 1,937.50	Name 1: JIN AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	