

ASSIGNMENTSurveyor: **ADRIAN**DOI: **06/04/2022**Date / Time : **06/04/2022**Registered in Merimen: **07/04/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SGN 9999C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **02/04/2022 12:50**

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****SMU 6343C****SGN 9999C****SDU 80K**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**TP**

Date/ Time		STAGE	DATE / PIC
	SDU 80K - NA/INC17003273/r3 ; 15.02.2017	Non-Reporting ltr (1st):	
	SGN 9999C -CS/CTI22003137/Avy3; 02/04/2022	Non-Reporting ltr (2nd):	
	CS/INC11015221/Kvn ; 30/07/2011	Non-Reporting ltr (Final):	
	NA/AIG22003085/r3; 02/04/2022	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: LWP	
Repair Cost:	L/S S\$ 4,000.00 (3 days) Reduction: 73 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 25.07.22 Confirm with IRENE	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%	
Repair Cost:	S\$ 4,000.00	3VEH CC OI 2ND	
Loss of Rental (LOR):	S\$ 420.00 (3 days) X \$140		
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/Dispute/Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 4,420.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 25.07.22 Confirm with: IRENE	Email ☐ Call ☐	
Payee 1:	S\$ 4,420.00	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:	