

ASSIGNMENTSurveyor: **Kenneth**DOI: **18/04/2022**Date / Time : **14/04/2022**Registered in Merimen: **14/04/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLT 9094Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **13/04/2022 14:14**Place of Accident : **Telok Blangah Way, Singapore**

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****SJX 3435P**INSRS:
WSP: **LYB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJX 3435P - CC6/AIG14023349/M1za3q2 ; 08.12.2014	Non-Reporting ltr (1st):	
	SLT 9094Y - CS/AIG21007669/Etf3e2 ; 12.07.2021	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: L/sum S\$ 3,400.00 (6 days) Reduction: 58 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 17/06/2022 Confirm with Serene		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 3,400.00			
Loss of Rental (LOR): S\$ 650.00 (6.5 days) x\$100			
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\$ 7.45			
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: \$320.00	
Total: S\$ 4,057.45	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 4,057.45	Name 1: LIM YEW BOO SPRAY PAINT CO		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		