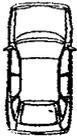


**ASSIGNMENT**Surveyor: ADRIANDOI: 20/04/2022Date / Time : 20/02/2022Registered in Merimen: 22/04/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SMP 6488Z

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ D.O.A : 19/04/2022 20:00Place of Accident : Bishan Rd, Singapore

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

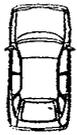
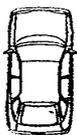
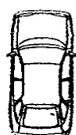
TWDS BRADDELL ROAD

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****SJU 7000A**INSRS:  
WSP: ADVANCE AUTO GARAGE  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	SJU 7000A - CS3/LPC16003295/Gbc2; 19/02/2016	Non-Reporting ltr (1st):	
	CS3/LPC16003295/R1tbc2-1; 19/02/2016	Non-Reporting ltr (2nd):	
	NA/AIG15015414/r3 ; 10/09/2015	Non-Reporting ltr (Final):	
	SMP 6488Z - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <u>L/Sum</u> S\$ <u>8,500.00</u> ( <u>6</u> days) Reduction: <u>53</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>16/05/2023</u> Confirm with <u>Xavier</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>			If NO or B 28, Ass. Lia :
Repair Cost: S\$ <u>8,500.00</u>			
Loss of Rental (LOR): S\$ _____ ( _____ days)			
Loss of Use (LOU): S\$ <u>700.00</u> (\$ <u>100</u> x <u>7</u> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: <u>TP</u>
Legal Cost S\$ _____			3) Survey fee: <u>\$320</u>
<b>Total:</b> S\$ <u>9,200.00</u>		<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>9,200.00</u>	Name 1: <u>ADVANCE AUTO GARAGE</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		