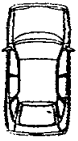


ASSIGNMENT

Surveyor: ADRIAN DOI: 29/04/2022 Date / Time : 29/04/2022
Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHB 3513LClaim No. : S2M03ZSG

Name of Insured : _____

Policy No. : P2465703

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 28/04/2022

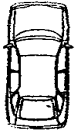
Place of Accident : _____

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

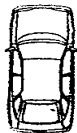
If NO, Driver Name / Age : _____

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

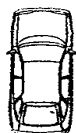
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SDY 6269Z

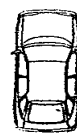
INSRS:
WSP: JL PERFECT
Tel : AUTOWORK
Liability : PTE LTD
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SDY 6269Z - CC4/AIG20007761/Bga3q2 ; 27.07.2020</u>	Non-Reporting ltr (1st):	
	<u>SHB 3513L - CC3/FCI20008897/Kes3q2 ; 20.08.2020</u>	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: <u>L/Sum</u>	S\$ <u>4,700.00</u> (<u>6</u> days) Reduction: <u>63</u> %	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: <u>14/10/2022</u> Confirm with <u>Shanelle</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia :	<u>0</u>
Repair Cost:	S\$ <u>4,700.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>480.00</u> (\$ <u>60</u> x <u>8</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/ <u>Reject/Private Settle</u>	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format:	<u>TP</u>
Legal Cost	S\$ _____	3) Survey fee:	<u>\$350.00</u>
Total:	S\$ <u>5,187.45</u> Global Sum S\$: <u>5,150.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>5,150.00</u> Name 1: <u>JL PERFECT AUTOWORK PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		