

ASSIGNMENTSurveyor: **ADRIAN**DOI: **04/05/2022**Date / Time : **04/05/2022**Registered in Merimen: **11/05/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMW 5422H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **02/05/2022 03:15**Place of Accident : **ALONG JUNCTION OF PUNGOL FIELD AND SUMANG WALK**

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****SNA 1646J**INSRS:
WSP: **ADVANCE**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SNA 1646J - X		SMW 5422H - X		STAGE	DATE / PIC
					Non-Reporting ltr (1st):	
					Non-Reporting ltr (2nd):	
					Non-Reporting ltr (Final):	
					Notification ltr (if non-pickup):	
					Call OI:	
					After call ltr to OI:	
					Documentation Check List:	Handler
					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\$ 5,200.00	(5 days)	Reduction: 53	%	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 28/12/2022	Confirm with XAVIER			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 11b			If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 5,200.00					
Loss of Rental (LOR):	S\$ _____	(_____ days)				
Loss of Use (LOU):	S\$ 360.00	(\$ 60 x 6 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)				
Legal Cost	S\$ _____					
Total:	S\$ 5,560.00	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:			Email ☒	Call ☐
Payee 1:	S\$ 5,560.00	Name 1:	ADVANCE AUTO GARAGE			
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:				
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:				

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$320.00**