

ASSIGNMENTSurveyor: **ADRIAN**DOI: **12/05/2022**Date / Time : **12/05/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJH 6967K**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12.05.2022 07:20**

Place of Accident : _____

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

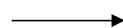
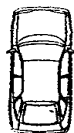
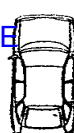
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SJZ 907D****SJH 6967K****SJH 1796U****SMM 2226E**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP:
Tel :
Liability :
RMKS:**ADVANCE
AUTO
TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJH 1796U - CS3/AIG14012676/Ua3c3 ; 01/07/2014	STAGE
	NA/MSG14012634/r3 ; 01/07/2014	DATE / PIC
	SJH 6967K - X	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 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: Lsum S\$ 8,800.00 (10 days) Reduction: 53 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 28/09/2022 Confirm with Xavier		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0
Repair Cost: S\$ 8,800.00		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ 1,300.00 (\$ 100 x 13 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 Private Sec'd
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ _____		3) Survey fee: \$400.00
Total: S\$ 10,100.00 Global Sum S\$: 10,000.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 10,000.00 Name 1: Advance Auto Garage		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		