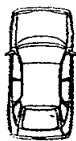


ASSIGNMENT

Surveyor: ADRIAN DOI: 02.06.2022 Date / Time : 02.06.2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

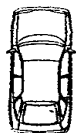
Insured Vehicle No. : GBC 9395L Claim No. : 22/22/22/VC05/025868
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 29.05.2022 14:40 Place of Accident : AMK AVE 5 > CTE
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**SJV 6345G

INSRS:
WSP: HD Perfect
Tel : Autowork Pte
Liability Ltd.
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJV 6345G - X		GBC 9395L - 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 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:	☐
					Post-Repair Photos:	☐
					Others:	☐
PRELIMINARY ADVICE	Date/Time:			Sent By:		
FINALIZATION	Date/Time:			Confirm with:	Confirm by:	
Repair Cost: <u>L/SUM</u>	S\$ <u>3,300.00</u>	(<u>4</u> days)	Reduction: <u>72</u>	%	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>03/02/2023</u>	Confirm with <u>Irene</u>		Email ☒	Call ☐	
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>3,300.00</u>					
Loss of Rental (LOR):	S\$ _____	(_____ days)				
Loss of Use (LOU):	S\$ <u>300.00</u>	(\$ <u>60</u> x <u>5</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>38.45</u>					
Medical:	S\$ _____					
Disbursement:	S\$ <u>80.00</u>	(e.g. <u>Tow</u> / Independent)				
Legal Cost	S\$ _____					
Total:	S\$ <u>3,718.45</u>	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☒	Call ☐	
Payee 1:	S\$ <u>3,718.45</u>	Name 1:	<u>HD Perfect Autowork Pte Ltd</u>			
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: TP3) Survey fee: \$400.00