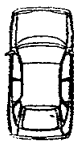


ASSIGNMENTSurveyor: **ADRIAN**DOI: **27/06/2022**Date / Time : **27/06/2022**Registered in Merimen: **29/06/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GK 2822R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25.06.2022 11:00**

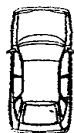
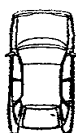
Place of Accident : _____

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****SJV 7093B**INSRS:
WSP: **YSK AUTO WORKSHOP**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJV 7093B - X			
GK 2822R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Assessor Date Created By			
CA/AIG10014350/s1 21/07/2010 NEO CHIN LAM GK 2822R FBC 3375J 26/07/2010 02/07/2010 SLP			
NA/CT119011440/k4 27/06/2019 NEO CHIN LAM GK 2822R FBE 9558 26/06/2019 07/07/2019 KSG			
NA/INC10015732/s1 11/08/2010 KWAN FOOK CHOY FBC 3375J GK 2822R 20/07/2010 03/08/2010 SLP			
		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: L/SUM S\$ 5,000.00 (6 days) Reduction: 54 %		Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 11/11/2022 Confirm with JANET		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 5,000.00			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 700.00 (\$ 100 x 7 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\$ 5,700.00	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 5,700.00	Name 1: YSK Auto Workshop		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		

1) Claim status: Normal/~~Reject/Prints/Settle~~
 2) Report Format: **TP**
 3) Survey fee: **\$320.00**