

ASSIGNMENT

Surveyor:

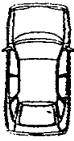
ADRIAN

DOI:

Date / Time :

04/07/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SLG 1059X**Claim No. : **S2M045SG**

Name of Insured :

Policy No. : **GA610755**

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$D.O.A : **01/07/2022 19:50**Place of Accident : **Singapore towards Malaysia Causeway
(Before Johor Bahru Checkpoint)**

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

If **NO**, Driver Name / Age :

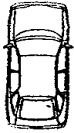
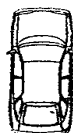
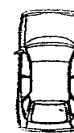
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SLP 7204G**INSRS: **HD Perfect**
WSP: **Autowork Pte. Ltd.**
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SLP 7204G - X	SLG 1059X - 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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	S\$ 4,200.00	(5 days) Reduction: 77 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 02/12/2022	Confirm with IRENE	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,200.00			
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 days)			
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.45			
Medical:	S\$		1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$350.00	
Total:	S\$ 4,707.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 4,707.45	Name 1: HD PERFECT AUTOWORK PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		