

ASSIGNMENTSurveyor: **Adrian**

DOI: _____

Date / Time : **12/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **YN 1562T**
 Name of Insured : **HOCK CHUAN HONG CORPORATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$ _____ D.O.A : **08/07/2022**

Claim No. : _____
 Policy No. : **Z22VC05011079**
 Make / Model : **Hino XZU415R**
 Place of Accident : **PIONEER ROAD**

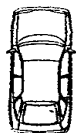
Is driver the owner? (YES / NO) Nature of Accident : _____

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

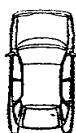
Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SMP 6376M**

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



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SMP 6376M - X		
	YN 1562T - CC4/LPC21012607/Rgs3 ; 04.12.2021	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\$ 14,500.00 (6 days) Reduction: 52 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 02/02/2023 Confirm with Irene	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 14,500.00		
Loss of Rental (LOR):	S\$ 800.00 (8 days) X \$100		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 38.45		
Medical:	S\$		
Disbursement:	S\$ 70.00 (e.g. Tow/ independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$	2) Report Format: TP	
Total:	S\$ 15,408.45 Global Sum S\$:	3) Survey fee: \$400.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 15,408.45 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:		