

ASSIGNMENTSurveyor: **ADRIAN**DOI: **19/07/2022**Date / Time : **19/07/2022**Registered in Merimen: **22/07/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBC 3567Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/07/2022 10:16**Place of Accident : **1 KAKI BUKIT AVENUE 6**

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****SKG 1527Z**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	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SKG 1527Z	CC6/AXA13014597/Uz3m3c3 16/01/2014 SBY 590H SKG 1527Z 09/08/2013 20/01/2014 BPI CS/TP13014400/Uqk3 27/08/2013 SKG 1527Z 09/08/2013 29/08/2013 CMJ	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
GBC 3567Y	CC6/AIG15012640/Kpa3q2 07/09/2015 SJF 867R GBC 3567Y 23/07/2015 17/08/2015 NKG CC6/AIG16001692/Ayg3q2 16/05/2016 SJT 4234S GBC 3567Y 19/01/2016 17/05/2016 LSH1	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		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: PBP	S\$ 4,874.81 (1 days) Reduction: 45 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 21/12/2022 Confirm with Janet	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,874.81		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 240.00 (\$ 120 x 2 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: \$320	
Total:	S\$ 5,122.26 Global Sum S\$: 5,000.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 5,000.00 Name 1: YSK AUTO WORKSHOP		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		