

ASSIGNMENT

Surveyor: **ADRIAN**

DOI: 01/08/2022

Date / Time : 01/08/2022

Registered in Merimen: 04/08/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SNE 6360D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 29/07/2022 16:40

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

SLJ 2232P



INRS:
WSP: JL PERFECT
Tel : AUTOWORK
Liability : PTE LTD
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					STAGE	DATE / PIC
SLJ 2232P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	NBA/INC17014463/Y 26/07/2017 LIM TECK CHUAN JIMMY SLJ 2232P EL 63X 25/07/2017 03/08/2017 RBA					
SNE 6360D - X					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\$ 5,900.00	(9 days)	Reduction: 71 %	Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: 07/02/2023	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\$ 5,900.00					
Loss of Rental (LOR):	S\$	(days)				
Loss of Use (LOU):	S\$ 600.00	(\$ 60 x 10 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\$				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\$ 6,538.45	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:			Email ☒	Call ☐
Payee 1:	S\$ 6,538.45	Name 1:	JL PERFECT AUTOWORK PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				