

ASSIGNMENTSurveyor: ADRIANDOI: 22/08/2022Date / Time : 22/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SLN 3790SClaim No. : S2M049EOName of Insured : LIEW FU TANGPolicy No. : GA570976

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 20/08/2022 11:35Place of Accident : KPE (ECP)

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

SNC 3262JINSRS:
WSP: Advance Auto
Tel : Garage
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
<u>SNC 3262J</u>	<u>CS/ICS21012881/UT3n2 07/01/2022 SLV 5934P SNC 3262J 17/12/2021 07/01/2022 LS1</u>	<u>STAG</u>	
<u>SLN 3790S</u>	<u>CC3/AIG17017412/Atb52 01/03/2018 SLN 3790S 04/09/2017 01/03/2018 CKL</u>		
		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:	
		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: <u>L/SUM</u>	S\$ <u>36,300.00</u> (<u>21</u> days) Reduction: <u>80</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>06/12/2022</u> Confirm with <u>XAVIER</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost:	S\$ <u>36,300.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>2,400.00</u> (\$ <u>100</u> x <u>24</u> 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\$ <u>38,700.00</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>38,700.00</u> Name 1: <u>Advance Auto Garage</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		