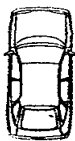


ASSIGNMENT

Surveyor:

ADRIANDOI: **30.08.2022**Date / Time : **30.08.2022**Registered in Merimen: **02.09.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBF 5347L**

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$D.O.A : **27.08.2022 13:40**

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

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

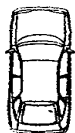
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No**SMQ 7368A**INSRS:
WSP:
Tel :
Liability :
RMKS:**JL PERFECT
AUTOWORK
PTE LTD**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SMQ 7368A - X				
GBF 5347L				
Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			Non-Reporting Ltr (1st)	
CC6/AIG19022699/Ugs3q2 04/02/2021 GBF 5347L SLR 8060L 24/11/2019 05/02/2021 LSP			Non-Reporting Ltr (2nd)	
NA/AIG19022661/h4 26/12/2019 QIAO PEIXIANG GBF 5347L SLR 8060L 24/11/2019 03/01/2020 LSH			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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE Date/Time: Sent By:				
FINALIZATION Date/Time: Confirm with: Confirm by:				
Repair Cost:	L/SUM	S\$ 4,300.00 (6 days) Reduction: 69 %	Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: 15/03/2023 Confirm with IRENE Email ☒ Call ☐				
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,300.00			
Loss of Rental (LOR):	S\$ 700.00 (7 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\$ 7.45			
Medical:	S\$		1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ 70.00	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320.00	
Total:	S\$ 5,077.45	Global Sum S\$: 5,000.00		
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐				
Payee 1:	S\$ 5,000.00	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:		