

ASSIGNMENTSurveyor: TaufikhDOI: 30/09/2022Date / Time : 30.09.2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GZ 5157D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 29/09/2022 07:10Place of Accident : Near 17 Beechwood Grove, Singapore 738307

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

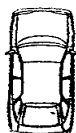
ALONG SLE TOWARDS BKE

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**SLV 7330TINSRS: AUTOMOTIVE
WSP: REPAIR
Tel : CENTRE
Liability: PTE LTD
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
<u>SLV 7330T - X</u>			
<u>GZ 5157D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date</u>			
<u>NA/RSI08018900/Ar 01/07/2008 RUSLI BIN NOORDIN SGS 2418H GZ 5157D 30/06/2008</u>			
<u>NS/INC10016840/Fr 09/11/2010 SH 9600S GZ 5157D 23/08/2010 09/11/2010 HYN</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:		
	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: <u>L/Sum</u> S\$ <u>3,200.00</u> (<u>6</u> days) Reduction: <u>35</u> %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>16/02/2023</u> Confirm with <u>Shu Juan</u>			Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>Nil</u>			If NO or B 28, Ass. Lia :
Repair Cost: <u>with GST</u> S\$ <u>3,424.00</u>			
Loss of Rental (LOR): S\$ <u>900.00</u> (<u>9</u> days) @ <u>\$100</u>			
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\$ <u>2.00</u>			
Medical: S\$			1) Claim status: Normal/ <u>Reject/Private Settle</u>
Disbursement: S\$ <u>55.00</u> (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>
Legal Cost S\$			3) Survey fee: <u>\$400</u>
Total: S\$ <u>4,381.00</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒ Call ☐
Payee 1: S\$ <u>4,381.00</u>	Name 1: <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		