

ASSIGNMENTSurveyor: **ADRIAN**DOI: **04/10/2022**Date / Time : **04/10/2022**Registered in Merimen: **06/10/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBD 8975P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **29.09.2022 09:30**

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****GBH 7159P**INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
GBH 7159P - X			
GBD 8975P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Non Reporting Ltr Created By		
NA/INC16021686/s4 15/11/2016 ANWAR JAMAL GBD 8975P SJE 1275Y 14/11/2016 HMF	Non Reporting Ltr Created By		
NA/TMI16021652/r3 14/11/2016 TAN CHOON BENG GBD 1079Y GBD 8975P 14/11/2016 RBW	Non Reporting Ltr Created By		
	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\$ 5,800.00 (6 days) Reduction: 81 %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 19/01/2023 Confirm with Sukyi			Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 6,206.00			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 560.00 (\$ 80 x 7 days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 2.00			
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: \$320.00
Total: S\$ 6,768.00	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒ Call ☐
Payee 1: S\$ 6,768.00	Name 1: SM Automotive		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		