

ASSIGNMENTSurveyor: BryanDOI: 11/10/2022Date / Time : 10.10.2022Registered in Merimen: 10.10.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SNA 5355Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 21/09/2022

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

SLT 5335DINSRS:
WSP: C. S. ONG
Tel : AUTO PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
<u>SLT 5335D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date</u>	<u>CS/SMO19003274/Bsd3s2</u>	<u>02/10/2019</u>	<u>SLT 5335D PC 3171P 20/02/2019 03/10/2019 N</u>
<u>SNA 5355Y - X</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>3,850.00</u> (<u>5</u> days) Reduction: <u>85</u> %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>14/07/2023</u> Confirm with: <u>CS Ong</u>			Email ☒ Call ☐
Final Liability: % <u>95</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>			If NO or B 28, Ass. Lia :
Repair Cost: <u>with GST</u> S\$ <u>3,950.10</u> (<u>\$4,158.00</u>)			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ <u>399.00</u> (\$ <u>60</u> x <u>7</u> days) (<u>\$420.00</u>)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>31.00</u>			
Medical: S\$ _____			1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>
Legal Cost S\$ _____			3) Survey fee: <u>\$600</u>
Total: S\$ <u>4,380.10</u>	Global Sum S\$: 4,200.00		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒ Call ☐
Payee 1: S\$ <u>4,200.00</u>	Name 1: <u>C. S. ONG AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		