

ASSIGNMENT

Surveyor: ADRIANDOI: 04/10/2022Date / Time : 04/10/2022Registered in Merimen: 11/10/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : GBK 5242D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : S\$ _____

D.O.A : 03.10.2022 15:10

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

SLS 6438P

INSRS: JL Perfect
WSP: Autowork
Tel: Pte. Ltd.
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SLS 6438P - X	GBK 5242D - X	STAGE	DATE / PIC
2/11/22	Ala ✓ reject.		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:	☐
			Post-Repair Photos:	☐
			Others:	☐

Reject Case

By (staff) : Hsiao Tony

Approved by : in

Date : 15/11/22

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost: <u>LSUM</u>	S\$ <u>13700.00</u>	(<u>11</u> days) Reduction: <u>58</u> %	Confirm by:
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost:	S\$		If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S\$	(<u> </u> days)	
Loss of Use (LOU):	S\$	(\$ <u> x </u> days)	
Loss of Income (LOI):	S\$	(\$ <u> x </u> 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\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320.00