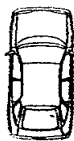


ASSIGNMENT

Surveyor:

ADRIAN

DOI:

10/10/2022Date / Time : 10/10/2022Registered in Merimen: 14/10/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : YP 3144T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/10/2022 08:25Place of Accident : Changi Village Rd, Singapore

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

If NO, Driver Name / Age :

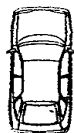
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SNA 8420YINSRS:
WSP: HD PERFECT
Tel : AUTOWORK 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>SNA 8420Y - X</u>		
	<u>YP 3144T - NA/INC17018449/r3 ; 23.09.2017</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>23,300.00</u> (<u>9</u> days) Reduction: <u>60</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>31/05/2023</u> Confirm with <u>Joanne</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:	S\$ <u>23,300.00</u>		
Loss of Rental (LOR):	S\$ <u>1,412.40</u> (<u>11</u> days) @ \$120 w/GST		
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>7.45</u>		
Medical:	S\$		
Disbursement:	S\$ <u>120.00</u> (e.g. Tow/ <u>Independent</u>)	1) Claim status: Normal/ Reject/Private <u>Settle</u>	
Legal Cost	S\$	2) Report Format: <u>TP</u>	
		3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>24,839.85</u> Global Sum S\$: 24,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>24,500.00</u> Name 1: <u>HD PERFECT AUTOWORK PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		