

ASSIGNMENTSurveyor: ADRIANDOI: 12/10/2022Date / Time : 12/10/2022Registered in Merimen: 18/10/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SFE 2128E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/10/2022 14:40

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

SNB 9458CINSRS: XIN HUA
WSP: WORKSHOP
Tel : 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>SNB 9458C - X</u>	<u>SFE 2128E - 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>5,000.00</u> (<u>4</u> days) Reduction: <u>77</u> %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>28/06/2023</u> Confirm with <u>Kelvin</u>			Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28 (Ass.0%)</u>			If NO or B 28, Ass. Lia :
Repair Cost: <u>with GST</u> S\$ <u>5,400.00</u>			
Loss of Rental (LOR): S\$ <u>500.00</u> (<u>5</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>7.45</u>			
Medical: S\$			1) Claim status: Normal/ Reject/Private <u>Settle</u>
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>
Legal Cost S\$			3) Survey fee: <u>\$320</u>
Total: S\$ <u>5,907.45</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒ Call ☐
Payee 1: S\$ <u>5,907.45</u>	Name 1: <u>XIN HUA WORKSHOP PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		