

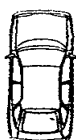
ASSIGNMENT

Surveyor: Adrian

DOI: 24/11/2022

Date / Time : 03/11/2022

Registered in Merimen: 04/11/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : XE 745Z

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 28.10.2022

Place of Accident : _____

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

If **NO**, Driver Name / Age :

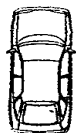
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

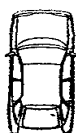
(V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

SJK 3074R



INRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		Entry Date		Customer Name		Vehicle No. TP		Vehicle No. Accident Date		Close Date		Created By		DATE / PIC	
SJK 3074R - Reference		13/31/Ag		3q2 02/03/2021		SJK 3074R		SHC 5767C		11/12/2020 03/03/2021		CC4/ASM200			
XE 745Z - X												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: L/SUM		S\$ 850.00		(2 days)		Reduction: 76 %						Email ☐		Call ☐	
FINAL SETTLEMENT		Date/Time: 10/03/2023				Confirm with Sukyi						Email ☒		Call ☐	
Final Liability:		% 100		(Agreed / Assessed)		BOLA S/N No. : 15						If NO or B 28, Ass. Lia :			
Repair Cost: 8% GST		S\$ 918.00													
Loss of Rental (LOR):		S\$		(days)											
Loss of Use (LOU):		S\$ 160.00		(\$ 80 x 2 days)											
Loss of Income (LOI):		S\$		(\$ x days)											
LOR only ☐		LOU only ☒		LOR + LOU ☐		LOR + LOI ☐									
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: \$350.00			
Total:		S\$ 1,080.00				Global Sum S\$:									
FINAL PAYMENT		Date/Time:				Confirm with:						Email ☒		Call ☐	
Payee 1:		S\$ 1,080.00				Name 1: SM AUTOMOTIVE									
Payee 2: (Strike if N.A.)		S\$				Name 2:									
Payee 3: (Strike if N.A.)		S\$				Name 3:									