		CC4/LPC22011038/Aya3q2	LKK:
INS. CASE OWNER:			IDAC:

ASSIGNMENT

Surveyor: **Adrian**   DOI: **21/11/2022**   Date / Time : **04/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE
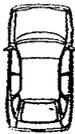
Insured Vehicle No.   :   **GBJ 2925S**   Claim No.   :   _____

Name of Insured   :   _____   Policy No.   :   _____

Insured Tel No.   :   _____ HP: _____   Make / Model   :   _____

Excess Sec II :S$ _____   D.O.A : **02/11/2022 21:35**   Place of Accident : **601A Jurong West St 62 MSCP Lot 238**

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 5753E ⟶ _____ ⟶ _____   ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **HD Perfect Autowork Pte. Ltd.**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SLT 5753E - X	GBJ 2925S - X	STAGE	DATE / PIC
			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$ **2,750.00**   (**4** days) Reduction: **78** %   Email ☐   Call ☐

FINAL SETTLEMENT   Date/Time: **23/03/2023**   Confirm with: **Irene**   Email ☑   Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **22**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **2,750.00**	
Loss of Rental (LOR):	S$ **300.00** (**3** days) **@$100**	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ **7.45**	
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: **$400**
Total:	S$ **3,057.45** **Global Sum S$:**	

FINAL PAYMENT   Date/Time: _____   Confirm with: _____   Email ☑   Call ☐

Payee 1:	S$ **3,057.45**	Name 1: **HD PERFECT AUTOWORK PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: