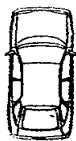


ASSIGNMENTSurveyor: **ADRIAN**DOI: **11/11/2022**Date / Time : **11/11/2022**Registered in Merimen: **14/11/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SCX 6768S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **07/11/2022 18:19**

Place of Accident : _____

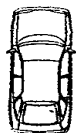
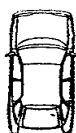
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SJY 7278U**INSRS:
WSP: **SUCCESS UNITED**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SJY 7278U - X				
SCX 6768S - Reference	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.
CC3/AIG10012985/Un1f2q2	21/10/2010	SHC 5233B	SCX 6768S	01/07/2010
CC3/AIG12019748/Rqn	10/01/2013	SCX 6768S	09/10/2012	16/01/2013
			Non-Reporting Ltr (Final):	Non-Reporting Ltr (Final):
			Notification Ltr (if non-pickup):	Notification Ltr (if non-pickup):
			Call OI:	Call OI:
			After call Ltr to 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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/Sum	S\$ 4,000.00	(6 days) Reduction: 58 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: with GST	S\$ 4,320.00			
Loss of Rental (LOR):	S\$	(60 x 6 days)		
Loss of Use (LOU):	S\$ 360.00	(\$ 60 x 6 days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.00			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject Private Settle	
Legal Cost	S\$	2) Report Format: TP		3) Survey fee: \$320
Total:	S\$ 4,682.00	Global Sum S\$: 4,600.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 4,600.00	Name 1: SUCCESS UNITED PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		