

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 22.11.2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : PZ 7200S

Claim No. : S2M04F8J

Name of Insured : HONG YUN BUS SERVICES PTE. LTD.

Policy No. : GA572716

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 21.11.2022

Place of Accident : PIE exit Thomson Road Slip Road

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

GBL 7870Y



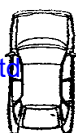
INSRS:

WSP: T K Lee

Tel : Automotive Pte Ltd

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
GBL 7870Y - X			
PZ 7200S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/AXA12017997/Kv1c3k2 27/10/2012 SHD 339H PZ 7200S 12/09/2012 01/11/2012 TLF			
NA/INC18005248/Z4 21/03/2018 ZHAO ZHEHAO PZ 7200S SKR 1614Y 15/08/2017 27/03/2018 HZT			
		Non-Reporting Itr (2nd):	
		Non-Reporting Itr (Final):	
		Notification Itr (if non-pickup):	
		Call OI:	
		After call Itr to OI:	
		Documentation Check List:	Handler Typist
		Notification Itr (if non-pickup)	☐ ☐
		After call Itr 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: P/P S\$ 7,435.50 (4 days) Reduction: 41 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 21/04/2023 Confirm with XUE TING		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 7,435.50			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 300.00 (\$ 60 x 5 days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 38.45			
Medical: S\$		1) Claim status: Normal/Reject/Private Settlement	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 7,773.95	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with: 7,770.00	Email ☒ Call ☐	
Payee 1: S\$ 7,770.00	Name 1: T K LEE AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		