

**ASSIGNMENT**

Surveyor: Kenneth DOI: 05/12/2022 Date / Time : 02.12.2022  
 Registered in Merimen: 02.12.2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLK 2453M Claim No. : \_\_\_\_\_  
 Name of Insured : SANJEEV KUMAR GUPTA Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : \$** \_\_\_\_\_ D.O.A : 30/11/2022 09:30 Place of Accident : WOODLANDS AVE 12 RAMPTO SLE (TOWARDS CTE)  
 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**

**SGQ 3375B**



INSRS: \_\_\_\_\_  
 WSP: **Autoworx**  
 Tel: **House**  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SGQ 3375B -	CC3/ICS17006188/K1ea3q2 09/09/2019 SH 7553H SGQ 3375B 27/03/2017 09/09/2019 HMK	Non-Reporting Itr (1st):	
	CC4/AIG14008199/K1ry3q2 09/06/2014 SFX 9829U SGQ 3375B 29/04/2014 12/06/2014 NKS	Non-Reporting Itr (2nd):	
	CC6/AIG15018974/T1ng3s2 25/11/2015 SGQ 3375B ER 6398J 04/11/2015 26/11/2015 NKS	Non-Reporting Itr (Final):	
	CS/INC22007910/Kqy3e2 18/10/2022 SGQ 3375B PC 3543A 16/08/2022 20/10/2022 RAN	Notification Itr (if non-pickup):	
	CS/MSG22004712/Kqy3 19/05/2022 SGQ 3375B PC 5919L 17/05/2022 NMY	Notification Itr (if non-pickup):	
	NBA/AIG15003185/Y 23/02/2015 ENG BOON PING SGQ 3375B EK 889K 23/02/2015 26/02/2015 NBS		
	NBA/AIG15018787/Y 04/11/2015 ENG BOON PING SGQ 3375B ER 6398J 04/11/2015 09/11/2015 RBA		
SLK 2453M - X		After call Itr to OI:	
		<b>Documentation Check List:</b>	<b>Handler Typist</b>
		Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: **L/Sum** S\$ **2,300.00** ( **5** days) Reduction: **55** % Email  Call

**FINAL SETTLEMENT** Date/Time: **30/05/2023** Confirm with **Autoworx** Email  Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **2,300.00**

Loss of Rental (LOR): S\$ **600.00** ( **6** 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\$ **2.00**

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent )

Legal Cost S\$

**Total:** S\$ **2,902.00** **Global Sum S\$:**

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ **2,902.00** Name 1: **AUTOWORX HOUSE**

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: **TP**
- 3) Survey fee: **\$320**