

ASSIGNMENTSurveyor: **Rasul**

DOI: _____

Date / Time : **29/12/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 6738X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **28/12/2022 11:30**Place of Accident : **501 AIRPORT ROAD, PAYA LEBAR
OPEN CARPARK**

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

SLD 9905SINSRS: WEARNES
WSP: AUTOMOTIVE
Tel : PTE LTD
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
SLD 9905S - Reference	CC4/AIG18011783/Kkb3q2 25/11/2019 SLK 9505B SLD 9905S 26/06/2018	25/11/2019 USP
YN 6738X - X		
		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: P/P S\$ 5,725.56 (3 days) Reduction: 21 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 11/05/2023 Confirm with Christine		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost: 8%GST S\$ 6,183.60		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 300.00 (\$ 100 x 3 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$		
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: \$400.00
Total: S\$ 6,483.60	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 6,483.60	Name 1: Wearnes Automotive Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	