

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **10/03/2022**Date / Time : **03.06.2023**Registered in Merimen: **03.06.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKV 8929Y**Claim No. : **202222004141KC**Name of Insured : **TAN CHER MENG**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **06/03/2022**

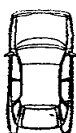
Place of Accident : _____

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****SMN 3185C**INSRS:
WSP: **GALAXY AUTO CARE**
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
SMN 3185C	CS/AIS22002246/Tpa3e2 15/06/2022 SMN 3185C SKV 8929Y 06/03/2022 16/06/2022	RMV	
	NBA/CTI20012077/Y 04/11/2020 TEO BOON SIANG SMN 3185C YP 6844L 03/11/2020	Non-Reporting ltr (1st):	
	NBA/CTI21007548/Y 12/07/2021 TEO BOON SIANG SMN 3185C SJL 6630K 09/07/2021	Non-Reporting ltr (2nd):	
	NBA/CTI22002100/Y 07/03/2022 TEO BOON SIANG SMN 3185C SKV 8929Y 06/03/2022	Non-Reporting ltr (3rd):	
SKV 8929Y	CS/AIS22002246/Tpa3e2 15/06/2022 SMN 3185C SKV 8929Y 06/03/2022 16/06/2022	RMV	
	NBA/CTI22002100/Y 07/03/2022 TEO BOON SIANG SMN 3185C SKV 8929Y 06/03/2022	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (3rd):	
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	\$S 4,700.00 (4 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/02/2023 Confirm with ALEX		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	\$S 4,700.00		
Loss of Rental (LOR):	\$S 600.00 (4 days) X \$150.00		
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		
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: NO BILL TO AIS
Total:	\$S 5,300.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	\$S 5,300.00	Name 1:	GALAXY AUTO CARE PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	