

ASSIGNMENTSurveyor: KENNETHDOI: 17.01.2023Date / Time : 17.01.2023Registered in Merimen: 19.01.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : GBE 9651L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 16.01.2023 12:30

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**SJU 5376DINSRS:
WSP: **GUAN**
Tel : **MOTOR**
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 Create Date	STAGE	DATE / PIC
SJU 5376D -	CC3/AIG11004498/H1a2/tq2 15/07/2011 SHA 1713U SJU 5376D 07/03/2011 18/07/2011 LSL	Non-Reporting ltr (1st):	
	NA/CTI22008736/r3 06/09/2022 LEE SHENG CHANG SJU 5376D EF 28K 04/09/2022 16/09/2022 RBA	Non-Reporting ltr (Final):	
GBE 9651L - X	NBA/CTI22001954/Y 02/03/2022 LEE SHENG CHANG (LI SHENGZHANG) SJU 5376D GBL 40810	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: L/SUM S\$ 1,650.00 (3 days) Reduction: 51 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 18/05/2023 Confirm with Ah Heng		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 1,650.00			
Loss of Rental (LOR): S\$ 360.00 (3 days) x \$120			
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: \$320.00	
Total: S\$ 2,010.00 Global Sum S\$: 2,000.00			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 2,000.00 Name 1: GUAN MOTOR WORKS			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			