

ASSIGNMENTSurveyor: **ADRIAN**DOI: **10.01.2023**Date / Time : **10.01.2023**Registered in Merimen: **20.01.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMX 9373J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **06.01.2023 11:00**

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**SKW 2823C**INSRS:
WSP: **HD PERFECT**
Tel : **AUTOWORK 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	STAGE	Created By	DATE / PIC
SKW 2823C -	CS/EG122003483/y3 14/04/2022 SGX 8280X SKW 2823C 04/04/2022 NMY	Non-Reporting ltr (1st):		
	NA/CT118017797/r3 02/10/2018 TAN YAN YANG SLH 1992X SKW 2823C 01/10/2018 RBW	Non-Reporting ltr (2nd):		
SMX 9373J - X		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: L/SUM	S\$ 4,700.00 (2 days) Reduction: 59 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 13/07/2023 Confirm with JOANNE	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 4,700.00			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ 200.00 (\$ 100 x 2 days)			
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 26.75			
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\$ 4,926.75 Global Sum S\$: 4,900.00			
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐		
Payee 1:	S\$ 4,900.00 Name 1: HD PERFECT AUTOWORK PTE LTD			
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____			