

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : \_\_\_\_\_

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMV 5349S**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : \_\_\_\_\_

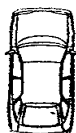
Place of Accident : \_\_\_\_\_

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**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

**STAGE****DATE / PIC**

Non-Reporting ltr (1st):

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:

Post-Repair Photos:

Others:

**PRELIMINARY ADVICE** Date/Time:

Sent By:

**FINALIZATION**

Date/Time:

Confirm with:

Confirm by:

Repair Cost: **L/SUM** S\$ **10,800.00** ( **8** days) Reduction: **57** %Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: **10/10/2024** Confirm with **Xue Ting**Email ☒ Call ☐Final Liability: % **100 (ASS: 100%)** Assessed) BOLA S/N No. : **28**

If NO or B 28, Ass. Lia :

Repair Cost: **WITH GST 9%** S\$ **11,772.00**Loss of Rental (LOR): S\$ **800.00** ( **8** days) **X \$100.00**

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\$ **58.25**

Medical: S\$

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

Legal Cost S\$

1) Claim status: Normal/~~Reject Private Settlement~~2) Report Format: **TP**3) Survey fee: **\$650.00****Total:** S\$ **12,630.25** **Global Sum S\$: 12,600.00****FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☒ Call ☐Payee 1: S\$ **12,600.00**Name 1: **LEE BROTHERS AUTOMOTIVE PTE LTD**

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

Name 2:

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

Name 3: