

ASSIGNMENT

Surveyor: MR. LIM

DOI: 03/01/2020

Date / Time : 02.01.2020

Registered in Merimen: 02.01.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 3936G
 Name of Insured : BS CAR RENTAL PTE LTD

Claim No. : 7659304502SG

Policy No. : 0999994153

Make / Model : KIA CERATO FORTE

Insured Tel No. : HP: _____

Place of Accident : BKE TWDS CTE B4 UPP THOMSON RD

Excess Sec II : S\$ _____ D.O.A : 31.12.2019 @ 10:40

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : YUSNAN BIN YUNUS

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SFP 6368U -> SCQ 7328J

SKB 216D

SJT 3936G

JRF 5218



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

OI



INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS: TP

Date/ Time	JRF 5218 - X	SJT 3936G - X	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: _____			Confirm by: _____	
FINALIZATION Date/Time: _____ Confirm with: _____			Email ☐ Call ☐	
Repair Cost: S\$ 7,850.00 (10 days) Reduction: 56 %			Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 12/06/2020 Confirm with Adel			If NO or B 28, Ass. Lia :	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL				
Repair Cost: S\$ 7,850.00				
Loss of Rental (LOR): S\$ - (days)				
Loss of Use (LOU): S\$ 780.00 (\$ 60 x 13 days)				
Loss of Income (LOI): S\$ - (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search S\$ 7.45			1) Claim status: Normal Rejected/Prima Fatti	
Medical: S\$ -			2) Report Format: TP	
Disbursement: S\$ 50.00 (e.g. Tow/ Independent)			3) Survey fee: \$320	
Legal Cost S\$ -				
Total: S\$ 8,687.45 Global Sum S\$: _____			Email ☐ Call ☐	
FINAL PAYMENT Date/Time: _____ Confirm with: _____				
Payee 1: S\$ 8,687.45 Name 1: Team AutoPro Pte Ltd				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				