

ASSIGNMENTSurveyor: MARCUSDOI: 11/02/2020Date / Time: 11/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 9788LClaim No. : DM20HO00277/JGName of Insured : THE CHOCOLATE FACTORY PTE LTDPolicy No. : DMCPHQ19-001661

Insured Tel No. : _____ HP: _____

Make / Model : LAND ROVER DEFENDER

Excess Sec II :S\$

D.O.A : 65-92771595

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

03/02/2020

If NO, Driver Name / Age : BERNARD LAURENT BERTRANDOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : +65-92771595 (V/L: YES / NO)Insured Liability : % Final ? Yes / NoGBJ 9387ZINSRS:
WSP: PROFI
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBC 9788L - X	GBJ 9387Z - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
14/07/2020	Pls refer to VIEWS for details.		Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List: Handler	Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Confirm by: _____	
FINALIZATION Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Repair Cost: L/sum S\$ 1,700.00 (3 days) Reduction: 73 %			
FINAL SETTLEMENT Date/Time: 14/07/2020 Confirm with: Edward	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 1,700.00			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 240.00 (\$ 80.00 x 3 days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 22.45			
Medical: S\$			
Disbursement: S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost S\$	2) Report Format:		
	3) Survey fee:		
Total: S\$ 1,962.45	Global Sum S\$: 1,950.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 1,950.00	Name 1:	Profi Automotive	
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		