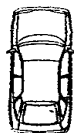


ASSIGNMENTSurveyor: **KENNETH**DOI: **15/06/2020**Date / Time : **12/06/2020**Registered in Merimen: **12/06/2020****Pre-assign / CCU / FTE**

Insured Vehicle No. : **GBF 4508X**
 Name of Insured : **DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.**
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **13/01/2020 09:30**

Claim No. : **6823282483SG**
 Policy No. : **0999993880**
 Make / Model : **MERCEDES-BENZ CITAN 108 CDI**
 Place of Accident : **KJE(PIE) BEFORE PIE(CHANGI) EXIT**

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **MUHAMAD FAEZ BIN HUSSIN**Driver Tel No. : **+65-88111940** (V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NOInsured Liability : % **Final ? Yes / No****SLQ 4335B**

INSRS:
WSP: **ESTEEM**
Tel : **PERFORMANCE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLQ 4335B - X	STAGE	DATE / PIC
	GBF 4508X - CS/AIG20002531/Kvd3e2 ; 13.01.2020	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost:	S\$ 1,950.00 (4 days) Reduction: 4,612.37/70 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 20/11/2020 Confirm with CARMEN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	S\$ 2,086.50		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 240.00 (\$ 60 x 4 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		
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	
Total:	S\$ 2,333.95 Global Sum S\$: 2,330.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 2,330.00 Name 1: Esteem Performance Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		