

ASSIGNMENT CC6/AIG20006264/Apa3Surveyor: **ADRIAN**

DOI: 11/06/2020

Date / Time : 12/06/2020

Registered in Merimen: 12/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBC 8089C**
 Name of Insured : **EAM GLOBAL LOGISTICS PTE LTD**

Claim No. : **5558127357SG**
 Policy No. : **1800074652**
 Make / Model : **NISSAN NV350 PANEL VAN 5DR 2.5 5AT**

Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **09/06/2020**

Place of Accident : **ESSO PETROL STATION
TAMPINES STREET 34**

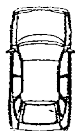
Is driver the owner? (YES / **NO**) Nature of Accident : _____

If **NO**, Driver Name / Age : **YAACOB BIN KASIM**

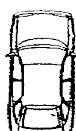
OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. : **88004430** (V/L: **YES** / NO)

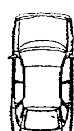
Insured Liability : % **Final ? Yes / No**

SGU 7790M

INSRS: **J-MART**
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		STAGE	DATE / PIC
	SGU 7790M - CC6/AIG16002044/Upa3q2 ; 31/01/2016	Non-Reporting ltr (1st):	
	GBC 8089C - CC3/AIG14009132/H1sa3c3 ; 14/05/2014	Non-Reporting ltr (2nd):	
	NA/AIG14010557/d2 ; 14/05/2014	Non-Reporting ltr (Final):	
	NA/INC19019975/r3 ; 08/11/2019	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
28/12/2020	Pls refer to VIEWS for details.	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\$ 2,400.00 (4 days) Reduction: 53 %	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 28/12/2020 Confirm with Angie		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST S\$ 2,568.00			
Loss of Rental (LOR): S\$ 500.00 (5 days) x \$100			
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\$			
Medical: S\$			
Disbursement: S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle		
Legal Cost S\$	2) Report Format: TP		
Total: S\$ 3,068.00 Global Sum S\$:	3) Survey fee: \$320.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☒ Call ☐	
Payee 1: S\$ 3,068.00	Name 1: J-MART MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		