

ASSIGNMENTSurveyor: **ADRIAN**DOI: **26/08/2020**Date / Time : **26/08/2020**Registered in Merimen: **28/08/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMM 9189H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/08/2020 14:20**

Place of Accident : _____

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

If **NO**, Driver Name / Age :

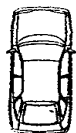
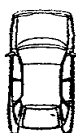
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**GBK 3799C**INSRS:
WSP: **FONG**
Tel : **MOTORS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBK 3799C SMM 9189H		NA/CTI20009025/z4 ; 25/08/2020	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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	☐
				Others:	☐
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	L/S S\$ 8100.00 (9 days) Reduction: 6844.50 % 45			Email	☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/03/2021	Confirm with SIEW CHENG		Email	☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15			If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 8,100.00				
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\$ 7.45				
Medical:	S\$			1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ 80.00 (e.g. ☒ Gov / Independent)			2) Report Format: TP	
Legal Cost	S\$			3) Survey fee: \$320.00	
Total:	S\$ 8,987.45	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email	☒ Call ☐
Payee 1:	S\$ 8,987.45	Name 1:	FONG MOTORS		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			