

ASSIGNMENTSurveyor: **MARCUS**DOI: **22/10/2020**Date / Time : **21.10.2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **FBR 693G**Claim No. : **S0M02VSK**Name of Insured : **KWA SZE HAO BENJAMIN**Policy No. : **P2383985**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **17/10/2020 11:50**Place of Accident : **PIE (Changi) before Lornie Rd Exit**

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****GBB 301Y**INSRS:
WSP: **ASIA MOTORSPORTS SOLUTION PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBR 693G		
	GBB 301Y	NA/INC20011279/z4 ; 17/10/2020	
		CS/TP10000889/Kcr1 ; 04/01/2010	
26/10/2020	OINR. To send out first letter.	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	☐ ☐
18/08/2021	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	☒ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☒ ☐
		LOD	☒ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others: GIRO FORM	☒ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: L/S	S\$ 2,500.00 (4 days) Reduction: 64.68 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 26/07/2021 Confirm with WKSP	Email ☒ Call ☐	
Final Liability: 100	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 2,500.00	S\$ 1,250.00		
Loss of Rental (LOR): 450.00	S\$ 225.00 (3 days) X \$150.00		
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\$ (e.g. Tow/ Independent)	2) Report Format:	TP
Legal Cost	S\$	3) Survey fee:	\$350.00
Total:	S\$ 1,482.45	Global Sum S\$: 1,400.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 1,400.00	Name 1: Asia Motorsports Solution Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	