

ASSIGNMENT

Surveyor: AdrianDOI: 06/11/2020Date / Time : 06/11/2020Registered in Merimen: 06/11/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 8778G

Claim No. : _____

Name of Insured : PURPLE COACH TOUR PTE.LTD.

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 05/11/2020

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 / NODriver Tel No. : _____ (V/L: YES / NO)Insured Liability : _____ % **Final ? Yes / No**

GBE 8677U

INSRS:
WSP: HO BENG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 8677U : NA/TMI20012148/h4 ; DOA : 05/11/2020	STAGE
	PC 8778G : NBA/III20012151/Y ; DOA : 05/11/2020	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: ☐ ☐
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>L/S</u>	S\$ <u>2,500.00</u> (<u>3</u> days) Reduction: <u>74.53</u> %	Confirm by:
FINAL SETTLEMENT	Date/Time: <u>05/02/2021</u> Confirm with <u>CHAN PICK YUEN</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>24</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>2,500.00</u>	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>400.00</u> (\$ <u>100</u> x <u>4</u> days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>	
Medical:	S\$ _____	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	
Legal Cost	S\$ _____	
Total:	S\$ <u>2,907.45</u> Global Sum S\$: <u>2,900.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ <u>2,900.00</u> Name 1: <u>SIN HO AUTO</u>	Email ☐ Call ☐
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	

 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$350.00