

ASSIGNMENTSurveyor: MarcusDOI: 16/12/2020Date / Time : 16/12/2020Registered in Merimen: 16/12/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJT 1909Z

Claim No. : _____

Name of Insured : LEE TECK KOON

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/12/2020

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**GBC 2546P →INSRS:
WSP: FOCUS AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBC 2546P : X ; SJT 1909Z : X		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:	
27/02/2021	Pls refer to Views for details.		Documentation Check List:	Handler
			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/sum	S\$ 3,500.00	(5 days) Reduction: 46 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 27/02/2021 Confirm with Jenny			Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9d	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,745.00			
Loss of Rental (LOR):	S\$ 480.00	(6 days) x \$80.00		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐	LOU only ☐	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	S\$ 31.00			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$		3) Survey fee:	
Total:	S\$ 4,256.00	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐	Call ☐
Payee 1:	S\$ 4,256.00	Name 1: Focus Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		