

ASSIGNMENTSurveyor: MARCUSDOI: 30/12/2020Date / Time : 28/12/2020Registered in Merimen: 28/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBK 747Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 23/12/2020 20:00

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

SKT 871SINSRS:
WSP: Profi
Tel : Automotive
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SJT 871Z - X</u>	<u>GBK 747Y - X</u>	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
			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: <u>CKS</u>	
Repair Cost:	<u>L/S</u> S\$ <u>2,500.00</u> (<u>3</u> days) Reduction: <u>69</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>02.08.21</u> Confirm with <u>MS LEE</u>		Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>10</u>		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>2,500.00</u>		<u>OID EXIT FROM MINOR ROAD</u>	
Loss of Rental (LOR):	S\$ <u>-</u> (<u> </u> days)			
Loss of Use (LOU):	S\$ <u>600.00</u> (\$ <u>100</u> x <u>6</u> days)			
Loss of Income (LOI):	S\$ <u> </u> (\$ <u> </u> x <u> </u> days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>-</u>			
Medical:	S\$ <u>-</u>		1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>		3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>3,100.00</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>02.08.21</u> Confirm with: <u>MS LEE</u>		Email ☐ Call ☐	
Payee 1:	S\$ <u>3,100.00</u>	Name 1: <u>PROFI AUTOMOTIVE</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		