

ASSIGNMENT

Surveyor:

DOI: 12/01/2021

Date / Time : 30.12.2020

Registered in Merimen: 31.12.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GN 5321J

Claim No. : 8498549672SG

Name of Insured :

Policy No. :

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II : S\$

D.O.A : 17/12/2020 09:20

Place of Accident : Hougang Ave 3, Singapore

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

If NO, Driver Name / Age :

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

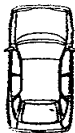
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBD 3464E

INSRS:
WSP:
Tel :
Liability :
RMKS:Teamwork
Garage Pte
LtdINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBD 3464E - NA/CTI20014105/z4 ; 17.12.2020 GN 5321J - CC4/AIG19022188/Hga3 ; 11/12/2019 NA/CTI20014105/z4 ; 17/12/2020		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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 3350.00 (5 days) Reduction: 13,038.09 % 80		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 24/03/2021	Confirm with KEITH	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 3,584.50 W/GST			
Loss of Rental (LOR):	S\$ 420.00 (7 days) x \$60.00			
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: \$320.00		
Total:	S\$ 4,011.95	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 4,011.95	Name 1:	TEAMWORK GARAGE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		