

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **11/01/2021**Date / Time : **11/01/2021**Registered in Merimen: **11/01/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLZ 635P**

Claim No. : \_\_\_\_\_

Name of Insured : **AMINUR BIN RASID**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

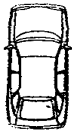
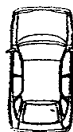
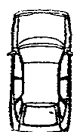
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **08/01/2021**

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****SMV 3418P**INSRS:  
WSP:  
Tel : **BORNEO MOTORS**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMV 3418P : X	STAGE	DATE / PIC
	SLZ 635P : CS/AIG21000532/T1qd3 ; DOA : 08/01/2021	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: <b>P/P</b>	S\$ <b>8,476.68</b> ( <b>5</b> days) Reduction: <b>47.25</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>04/06/2021</b> Confirm with <b>ANGELA</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <b>9,070.05</b>		
Loss of Rental (LOR) (W/GST)	S\$ <b>321.00</b> <b>4</b> days) <b>X \$75.00</b>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$320.00</b>	
<b>Total:</b>	S\$ <b>9,391.05</b> <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>9,391.05</b> Name 1: <b>Borneo Motors (S) Pte Ltd</b>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		