

ASSIGNMENTSurveyor: AdrianDOI: 13/01/2021Date / Time : 13/01/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GBC 9866U

Claim No. : _____

Name of Insured : CAPITAL CRANES GLOBAL PTE. LTD.

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/01/2021

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****GBB 856M**INSRS:
WSP: RYDER
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBB 856M : <u>NA/TMI21000630/h4 ; DOA : 13/01/2021</u>	STAGE DATE / PIC
	GBC 9866U :	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: <u>LWP</u>
Repair Cost: <u>L/S</u> S\$ <u>4,600.00</u> (<u>7</u> days) Reduction: <u>57</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>07.04.21</u> Confirm with <u>ORSON</u>	Email ☐ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>0%</u>
Repair Cost: <u>w/GST</u> S\$ <u>4,922.00</u> <u>3VEH CC OI 2ND</u>		
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ <u>1,000.00</u> (\$ <u>100</u> x <u>10</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>36.45</u>		
Medical: S\$ -		1) Claim status: Normal/ Reject/Dispute <u>Settle</u>
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ -		3) Survey fee: <u>\$400</u>
Total: S\$ <u>5,958.45</u> Global Sum S\$: <u>5,950.00</u>		
FINAL PAYMENT	Date/Time: <u>07.04.21</u> Confirm with: <u>ORSON</u>	Email ☐ Call ☐
Payee 1: S\$ <u>5,950.00</u> Name 1: <u>RYDER AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		