

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 27/01/2021Registered in Merimen: 27/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLL 9016R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 21/01/2021 08:05Place of Accident : GAMBAS AVE TOWARD WOODLANDS AVE 12 SLIP ROAD

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****SGM 2721M**INSRS:
WSP: Automotive
Tel : Repair Centre
Liability Pte Ltd
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGM 2721M - X	SLL 9016R - 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:	
			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 :	☒ ☐
<u>30/03/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>		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: <u>L/S</u>	S\$ <u>900.00</u> (<u>2</u> days) Reduction: <u>67.15</u> %		Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>29/03/2021</u> Confirm with <u>LIN SHU JUAN</u>		Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>963.00</u>			
Loss of Rental (LOR) (W/GST)	S\$ <u>256.80</u> (<u>2</u> days) x \$120.00			
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\$ <u>7.45</u>			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>1,227.25</u>	Global Sum S\$: <u>1,180.00</u>		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ <u>1,180.00</u>	Name 1: <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		