

ASSIGNMENTSurveyor: KennethDOI: 16/02/2022Date / Time : 10/02/2021Registered in Merimen: 10/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMU 387U

Claim No. : _____

Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : Honda ACCORD 1.5 VTEC TURBO CVTExcess Sec II : S\$ _____ D.O.A : 05/02/2021 19:00Place of Accident : ALONG JURONG TOWN HALL ROAD

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

If NO, Driver Name / Age : ARVIND RAJA

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SML 1629MINSRS:
WSP: A T Auto Consultant.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SML 1629M - X</u>	<u>SMU 387U - 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 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:	
Repair Cost: <u>L/sum</u> S\$ <u>3,500.00</u> (<u>4</u> days) Reduction: <u>58</u> %			Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>19/12/2022</u> Confirm with: <u>Alan</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: S\$ <u>3,500.00</u>				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ <u>200.00</u> (\$ <u>80</u> x <u>5</u> days) <u>*Weekend plate LOU -50%</u>				
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days) <u>(\$40X5)</u>				
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\$ <u>21.40</u> (e.g. <u>resale number plate</u> Tow/Independent)			2) Report Format: <u>TP</u>	
Legal Cost S\$ _____			3) Survey fee: <u>\$320</u>	
Total: S\$ <u>3,728.85</u>	Global Sum S\$: <u>3,700.00</u>			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1: S\$ <u>3,700.00</u>	Name 1:	<u>A T AUTO CONSULTANT</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2:			
Payee 3: (Strike if N.A.) S\$ _____	Name 3:			