

Surveyor:

Marcus

DOI:

ASSIGNMENT
11/03/2021

CC4/AIG21003061/Upa3

Date / Time : 08/03/2021

Registered in Merimen: 08/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 2928R

Claim No. : _____

Name of Insured : YEO PENG HAY

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : Mercedes S320

Excess Sec II :S\$ _____ D.O.A : 25/02/2021 17:30

Place of Accident : JURONG WEST ST 52 CARPARK

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

SLC 1865G

INSRS:
WSP: Revo
Tel : Performance
Liability Pte Ltd.
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLC 1865G - X	SLJ 2928R - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
11/04/2021	Pls refer to Views for details.		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: L/sum	S\$ 1,700.00	(3 days) Reduction: 59 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 11/04/2021 Confirm with Joey			Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,819.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 180.00 (\$ 60 x 3 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Dispute/Cont.	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320.00	
Total:	S\$ 1,999.00	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐				
Payee 1:	S\$ 1,999.00	Name 1: Revo Performance Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		