

ASSIGNMENTSurveyor: MarcusDOI: 14/04/2021Date / Time : 09/03/2021Registered in Merimen: 09/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLS 6640X

Claim No. : _____

Name of Insured : CHAN MUN HOE, DAVID

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/03/2021

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**SLH 8033T → _____ → _____ → _____ → _____INSRS:
WSP: JIN AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLH 8033T : CC6/AIG20008263/es3XX ; DOA : 05/08/2020	STAGE DATE / PIC
	SLS 6640X : X	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: L/S	S\$ 1,200.00 (2 days) Reduction: \$1,917.73 % 62	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>15/06/2021</u> Confirm with <u>JOUIS</u>	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,284.00 W/GST	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 300.00 (\$ 100 x 3 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [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: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 1,584.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 1,584.00 Name 1: JIN AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	