

ASSIGNMENTSurveyor: **RASUL**DOI: **06/04/2021**Date / Time : **06/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XD 5915Y**

Claim No. : _____

Name of Insured : **HARFORD ENGINEERING PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : **30/03/2021 07:30**Place of Accident : **PUNGGOL 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

SMK 911JINSRS:
WSP: **TRANS EUROKARS**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMK 911J - NA/DOI19011186/k4 ; 04.6.2019		
	XD 5915Y - 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
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: MRB
Repair Cost: P/P	\$S\$ 50,000.00 (20 days) Reduction: 27 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 16.06.22 Confirm with FALCOE	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S\$ 53,500.00	TP HIT BY OID FROM BEHIND, TURN 180 DEGREE	
Loss of Rental (LOR): w/GST	\$S\$ 149.80 (2 days) x \$70		
Loss of Use (LOU):	\$S\$ 3,100.00 (\$ 100 x 31 days)		
Loss of Income (LOI):	\$S\$ - (\$ - x - days)		
LOR only ☐	LOU only ☐	LOR + LOU ☒	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	\$S\$ 2.00		
Medical:	\$S\$ -	1) Claim status: Normal/ Reject/Prints Settle	
Disbursement:	\$S\$ 650.00 (eg. Tax/Independent)	2) Report Format: TP	
Legal Cost	\$S\$ -	3) Survey fee: \$400	
Total:	\$S\$ 57,401.80	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 16.06.22 Confirm with: FALCOE	Email ☐	Call ☐
Payee 1:	\$S\$ 57,401.80	Name 1:	TRANS EUROKARS PTE LTD
Payee 2: (Strike if N.A.)	\$S\$	Name 2:	
Payee 3: (Strike if N.A.)	\$S\$	Name 3:	