

ASSIGNMENTSurveyor: MarcusDOI: 14/04/2021Date / Time : 08/04/2021Registered in Merimen: 08/04/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : GBG 6987C
 Name of Insured : MAC TASTE BAKERY & CONFECTIONERY
PTE LTD

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27/03/2021

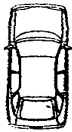
Place of Accident : _____

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

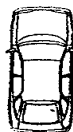
If NO, Driver Name / Age : _____

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

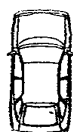
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SLP 6957Z →

INSRS:
WSP: **AIM**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLP 6957Z : X ; GBG 6987C : X		STAGE	DATE / PIC
12/04/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____			Confirm by: _____	
Repair Cost: L/SUM	S\$ 2,100.00	(3 days) Reduction: 74 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 13.10.201 Confirm with JACYNE			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,247.00			
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 + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.45			
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\$ 2,434.45	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐	Call ☐
Payee 1:	S\$ 2,434.45	Name 1: Automobile Integrated Management Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		