

ASSIGNMENTSurveyor: MarcusDOI: 13/04/2021Date / Time : 13/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : YN 6033X

Claim No. : _____

Name of Insured : AL - POWER TECHNOLOGIES PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/04/2021

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****GBH 7036K**INSRS:
WSP: T K LEE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	GBH 7036K : X		Non-Reporting ltr (1st):	
	YN 6033X : NA/INC16011509/Ch4 ; DOA : 31/05/2016		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: _____				
Repair Cost: <u>L/sum</u>	S\$ <u>3,000.00</u>	(<u>5</u> days) Reduction: <u>41</u> %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>02/06/2021</u> Confirm with: <u>Sebastian</u> Email ☒ Call ☐				
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia :	<u>0</u>
Repair Cost:	S\$ <u>3,000.00</u>			
Loss of Rental (LOR):	S\$ <u>428.00</u>	(<u>4</u> days) <u>x \$100</u>		
Loss of Use (LOU):	S\$ _____	(\$ x days)		
Loss of Income (LOI):	S\$ _____	(\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ _____			
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Dispute/Settle	
Legal Cost	S\$ _____	2) Report Format:		<u>TP</u>
		3) Survey fee:		<u>\$400.00</u>
Total:	S\$ <u>3,435.45</u>	Global Sum S\$:	<u>3,400.00</u>	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐				
Payee 1:	S\$ <u>3,400.00</u>	Name 1:	<u>T K LEE AUTOMOTIVE PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		