

ASSIGNMENTSurveyor: STEVEDOI: 27/04/2021Date / Time : 19/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SGM 2889MClaim No. : S1M0388WName of Insured : LOGANATHAN RAVISHANKARPolicy No. : GA559992

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/04/2021

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**SKZ 6900XINSRS:
WSP: RICO 60
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKZ 6900X : X	STAGE DATE / PIC
	SGM 2889M : CC3/AIG11003833/Avn ; DOA : 26/02/2011	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:
Repair Cost: <u>L/sum</u> S\$ <u>3,800.00</u> (<u>5</u> days) Reduction: <u>82</u> %		Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>11/05/2022</u> Confirm with <u>Rico 60</u>	Email ☒ Call ☐
Final Liability: % <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>4,066.00</u> S\$ <u>2,033.00</u> w/GST		
Loss of Rental (LOD): <u>700.00</u> S\$ <u>350.00</u> (<u>7</u> days) x\$100		
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>36.45</u>		
Medical: S\$		1) Claim status: Normal/ <u>Reject/Private Settle</u>
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$		3) Survey fee: <u>\$350.00</u>
Total: S\$ <u>2,419.45</u> Global Sum S\$: <u>2,500.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1: S\$ <u>2,500.00</u> Name 1: <u>RICO 60 AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		