

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **21/04/2021**Date / Time : **20.04.2021**Registered in Merimen: **20.04.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLG 4090J**

Claim No. : _____

Name of Insured : **FU WAN PEI CHERYLIN**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **15/04/2021 18:00**Place of Accident : **PIE CHANGI, JUST BEFORE EXIT 9 JALAN EUNOS**

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 7215P**INSRS:
WSP: **TEAMWORK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMK 7215P - NA/LIP19012695/z4 ; 17/07/2019	Non-Reporting ltr (1st):	
	NA/LIP21004855/h4 ; 15/04/2021	Non-Reporting ltr (2nd):	
	SLG 4090J - NA/LIP21004855/h4 ; 15.04.2021	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
05/07/2021	Pls refer to VIEWS for details.	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/sum	S\$ 5,400.00 (7 days) Reduction: 62 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 05/07/2021 Confirm with Shu Shan	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S\$ 5,778.00		
Loss of Rental (LOR):	S\$ 850.00 (8.5 days)x \$100		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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\$ 6,635.45 Global Sum S\$: 6,600.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 6,600.00 Name 1: Teamwork Garage Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		