

**ASSIGNMENT**

Surveyor: MARCUS DOI: 06/05/2021 Date / Time : 29/04/2021  
 Registered in Merimen: 29/04/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLT 4458P Claim No. : MFL2021D0001921  
 Name of Insured : \_\_\_\_\_ Policy No. : D21MFL0000447  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 27/04/2021 15:55 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**

**GBD 7999C**



INSRS:  
WSP: **C & U**  
Tel : **UBI**  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	GBD 7999C - X	SLT 4458P - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List: Handler Typist</b>	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
11/06/2021	SETTLED AND CLOSED / NO PHY FILE		Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:		
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>L/S</b>	S\$ <b>5,500.00</b> ( <b>5</b> days) Reduction: <b>59.28</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>08/06/2021</b> Confirm with <b>REN BAGANG</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b>		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <b>5,885.00</b>			
Loss of Rental (LOR):	S\$ ( days)			
Loss of Use (LOU):	S\$ <b>400.00</b> (\$ <b>80</b> x <b>5</b> days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ <b>7.45</b>			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost	S\$		3) Survey fee: <b>\$500.00</b>	
<b>Total:</b>	<b>S\$ 6,292.45</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>6,292.45</b>	Name 1:	<b>Cycle &amp; Carriage Fulco Motor Dealer Pte Ltd</b>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		