

ASSIGNMENTSurveyor: **RASUL**DOI: **04/05/2021**Date / Time : **30/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJV 5924S**Claim No. : **SNM21D202506/C02/SJV5924S/LEWLC**

Name of Insured : _____

Policy No. : **DMPCNSNA00013712101**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **30/04/2021 08:31**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

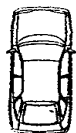
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SMD 3005SINSRS:
WSP: **Automotive**
Tel : **Repair Centre**
Liability **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMD 3005S - X	SJV 5924S - X	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:	Confirm by: MRB	
Repair Cost: L/S	\$S 4,800.00	(9 days) Reduction: _____ %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 21.07.21	Confirm with SHUJUAN	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 5,136.00	OI REAR ENDED TP		
Loss of Rental (LOR):	\$S -	(_____ days)		
Loss of Use (LOU):	\$S 600.00	(\$ 60 x 10 days)		
Loss of Income (LOI):	\$S -	(\$ _____ x _____ days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	\$S 2.00			
Medical:	\$S 120.00		1) Claim status: Normal/ Reject Private Settlement	
Disbursement:	\$S -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -		3) Survey fee: \$400	
Total:	\$S 5,858.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 21.07.21	Confirm with: SHUJUAN	Email ☐	Call ☐
Payee 1:	\$S 5,858.00	Name 1: AUTOMOTIVE REPAIR CENTRE PTE LTD		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		