

ASSIGNMENTSurveyor: **MARCUS**

DOI: 04/05/2021

Date / Time : 04/05/2021

Registered in Merimen: 04/05/2021

Pre-assign / CCU / FTEInsured Vehicle No. : **YP 4106Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 12/06/2020

Place of Accident : **ALONG SLE TOWARDS CITY**

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****YP 2812E**INSRS:
WSP: **LIU'S BROTHER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YP 2812E - CC3/FCI16018509/Kqh3n2 ; 28/09/2016	Non-Reporting ltr (1st):	
	CC4/ASM19021293/Uga3q2 ; 30/10/2019	Non-Reporting ltr (2nd):	
	YP 4106Y - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	TPV: MIT FUSO FM65 (7545cc)	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:	
Repair Cost: L/S	S\$ \$2,100.00 (2 days) Reduction: \$4,364.17 % 68	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29/01/2022 Confirm with SUSAN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,100.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 360.00 (\$ 120 x 3 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: \$350.00	
Total:	S\$ 2,467.45 Global Sum S\$: \$2,400.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ \$2,400.00 Name 1: LIU'S BROTHER AUTO ENGINEERING WORKSHOP		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		