

ASSIGNMENTSurveyor: AdrianDOI: 05/05/2021Date / Time : 05/05/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GBG 3865R

Claim No. : _____

Name of Insured : CENTRAL MERCANTILE CORPN S LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 21/04/2021

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****FBS 4263H**INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBS 4263H : X ; GBG 3865R : 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:	
			Documentation Check List:	Handler
			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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by: LWP	
FINALIZATION	Date/Time:	Confirm with:	Email ☐ Call ☐	
Repair Cost:	L/S S\$ 4,000.00	(4 days) Reduction:	57 %	
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	OID CHANGED LANE HIT TP		
Loss of Rental (LOR):	S\$	(_____ days)		
Loss of Use (LOU):	S\$	(\$ _____ x _____ days)		
Loss of Income (LOI):	S\$	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$	1) Claim status: Normal/ Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent) 2) Report Format: TP/WP		
Legal Cost	S\$	3) Survey fee: \$300		
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

*TP PASS LAWYER DUE TO INJURY