

ASSIGNMENTSurveyor: **MARCUS**DOI: **06/05/2021**Date / Time : **06/05/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLS 4132J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **05/05/2021**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

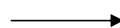
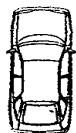
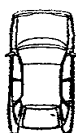
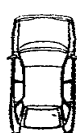
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SJG 8686M**SKT 5588C****SLS 4132J****GBJ 2461M**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP:
Tel :
Liability :
RMKS:**LEE BRO**
TP

Date/ Time		STAGE	DATE / PIC
	GBJ 2461M - X	Non-Reporting ltr (1st):	
	SLS 4132J - CS3/FCI19000354/Gcd3s2 ; 25.12.2018	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: _____	
Repair Cost: L/SUM	\$S 4,400.00 (5 days) Reduction: 46 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 22/7/2021 Confirm with SEBASTIAN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost:	\$S 4,708.00		
Loss of Rental (LOR):	\$S 650.00 (5 days) x \$130.00		
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: 400.00	
Total:	\$S 5,365.45 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S 5,365.45 Name 1: LEE BROTHERS AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		