

ASSIGNMENT

Surveyor:

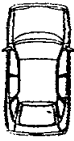
MARCUS

DOI:

Date / Time : 18/05/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 913P

Claim No. : D21001519MFCV

Name of Insured : UNION ENERGY PTE LTD

Policy No. : D-21097015MFCV

Insured Tel No. : HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 13/05/2021

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

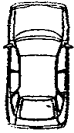
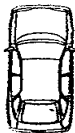
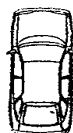
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SGN 7890U


 INSRs:
 WSP: PROGRESSIVE
 Tel : CAR CARE
 Liability : PTE LTD
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	GBJ 913P - X	SGN 7890U - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
10/6/2021	PLEASE REER TO VIEWS FOR DETAILS		Non-Reporting ltr (Final):	
	*SUBMIT WP AS PER FCI INSTRUCTIONS		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: L/SUM	S\$ 1,650.00	(3 days) Reduction: 35 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____			Email ☐	Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
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 WP	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 249.00	
Total:	S\$	Global Sum S\$:	110 + \$39 + \$50 + \$50	
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:		