

ASSIGNMENTSurveyor: KENNETHDOI: 21/05/2021Date / Time : 21.05.2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBD 8712GClaim No. : SNM21D202902/C02/GBD8712G/THAMYL

Name of Insured : _____

Policy No. : DMCVSNW00093862000

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 18.05.2021 16:54

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**SDZ 1132LINSRS:
WSP: GUAN
Tel : MOTOR
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SDZ 1132L - X</u>	Non-Reporting ltr (1st):	
	<u>GBD 8712G - CS/EGI16016170/Uqh3c2 ; 04/08/2016</u>	Non-Reporting ltr (2nd):	
	<u>NA/CTI20003071/h4 ; 22/02/2020</u>	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: <u>KSC</u>		
Repair Cost: <u>L/S</u>	S\$ <u>10,800.00</u> (<u>7</u> days) Reduction: <u>45</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>23.12.21</u> Confirm with: <u>HENG</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>10,800.00</u>	<u>OID REAR ENDED TP</u>	
Loss of Rental (LOR):	S\$ <u>1,600.00</u> (<u>10</u> days) x \$160		
Loss of Use (LOU):	S\$ <u>-</u> (\$ x days)		
Loss of Income (LOI):	S\$ <u>-</u> (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.49</u>		
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject/Private Settlement	
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$400</u>	
Total:	S\$ <u>12,407.49</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>23.12.21</u> Confirm with: <u>HENG</u>	Email ☐ Call ☐	
Payee 1:	S\$ <u>12,407.49</u> Name 1: <u>GUAN MOTOR WORKS</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		