

ASSIGNMENT

Surveyor:

RASUL

DOI:

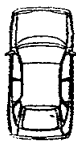
27/05/2021

Date / Time :

27/05/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YM 1615E

Claim No. : D21001610MFCV

Name of Insured : XIN HUA TRANSPORTATION PTE LTD

Policy No. : D-20095987MFCV

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 24/05/2021 19:30

Place of Accident : Joo Koon Cir, Singapore

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. :

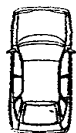
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

GBF 3765B



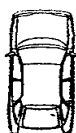
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	YM 1615E - X	GBF 3765B - 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 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:	☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB	
Repair Cost:	L/S S\$ 5,200.00	(7 days) Reduction:	31 %	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\$	SURVEY FEE: \$150		
Loss of Rental (LOR):	S\$	(days)	TRANSPORT: \$100	
Loss of Use (LOU):	S\$	(\$ x days)	PHOTO : \$61	
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[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: \$311		
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:		