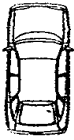


ASSIGNMENTSurveyor: MarcusDOI: 15/06/2021Date / Time : 14/06/2021Registered in Merimen: 14/06/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : GBC 3257S
 Name of Insured : Singtek Marine And Industrial Engineering
 : (Private Limited)

Claim No. : _____

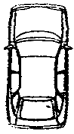
Policy No. : _____

Insured Tel No. : _____ HP: _____

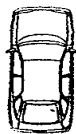
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 30/05/2021

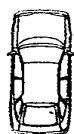
Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : _____ (V/L: YES / NO)Insured Liability : _____ % **Final ? Yes / No****JNR 5466**

INSRS:
WSP: EROFIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	JNR 5466 : X ; GBC 3257S : X		Non-Reporting ltr (1st):	
28/06/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
04/01/2022	Pls refer to VIEWS for details.		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: <u>L/sum</u>	S\$ <u>1,300.00</u>	(<u>5</u> days) Reduction: <u>78</u> %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>04/01/2022</u> Confirm with <u>Lee Lee</u>			Email ☒	Call ☐
Final Liability:	% <u>80</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>1,300.00</u>	S\$ <u>1,040.00</u>			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU): <u>100.00</u>	S\$ <u>80.00</u>	(\$ <u>20</u> x <u>5</u> days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LO ☐ [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: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00 + \$2.54 + \$2.54</u>	
Total:	S\$ <u>1,120.00</u>	Global Sum S\$: <u>1,120.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒	Call ☐
Payee 1:	S\$ <u>1,120.00</u>	Name 1: <u>Erofia Motor Trading Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		