

ASSIGNMENTSurveyor: **STEVE**DOI: **17/06/2021**Date / Time : **17/06/2021**Registered in Merimen: **-****Pre-assign / CCU / FTE**Insured Vehicle No. : **YN 9277P**

Claim No. : _____

Name of Insured : **TEO SOON SENG PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **07/06/2021**

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****FBG 3604C**INSRS:
WSP: **KIM KOCK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBG 3604C : CS/MSG18002233/Ard3q2 ; DOA : 31/01/2018		STAGE	DATE / PIC
	YN 9277P : X		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
			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/S	S\$ \$2,200.00	(4 days) Reduction: \$2,259.00 % 51	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29/11/2021	Confirm with MS HOW	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ \$2,200.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 80.00 (\$ 20 x 4 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\$			
Disbursement:	S\$ (e.g. Tow/ Independent)			
Legal Cost	S\$			
Total:	S\$ 2,280.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 2,280.00	Name 1: KIM KOCK MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

1) Claim status: ☒ Normal/Reject/Private Settle2) Report Format: **TP**3) Survey fee: **\$400.00**