

ASSIGNMENTSurveyor: **MARCUS**DOI: **22/06/2021**Date / Time : **22/06/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMJ 3275Y**Claim No. : **SNM20D200972**

Name of Insured : _____

Policy No. : **DMPCSN3018621900**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21/02/2020 09:30**Place of Accident : **ALONG AYE CORPORATION FLYOVER TOWARDS TUAS.**

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****GBJ 1648Z**INSRS:
WSP: **LIU BRO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	GBJ 1648Z - X	SMJ 3275Y - X	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
	CLAIMANT - GOLDBELL LEASING PTE LTD		Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler Typist
	TPV: MIT CANTER - 2998cc		Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
	OI - TAN CHEOK HUI		Release Voucher:	☐
			Final Repair Bill:	☐
	OID - LOH KIAN CHONG		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: P/P	S\$ 620.15 (2 days) Reduction: 486.05 % 44		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/04/2022	Confirm with SUSAN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 620.15			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 240.00 (\$ 80 x 3 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.00			
Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$400.00	
Total:	S\$ 862.15	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 862.15	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		