

ASSIGNMENTSurveyor: RasulDOI: 22/07/2021Date / Time : 14/07/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : YP 6190P

Claim No. : _____

Name of Insured : YSB CONSTRUCTION & TRADING PTE LTD

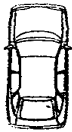
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/07/2021Place of Accident : AYEIs 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****SLR 9283D**INSRS:
WSP:
Tel : CYCLE & CARRIAGE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLR 9283D : CS/SMR21006287/f3 ; DOA : 23/05/2021	STAGE DATE / PIC
	YP 6190P : X	Non-Reporting ltr (1st):
	- Please check / verify OID DL	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
	TPV:MERCEDES BENZ C180 - 1595cc	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: _____
Repair Cost: P/P	S\$ \$14,978.48 (12 days) Reduction: \$1,900.00 % 11	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/01/2022 Confirm with AMANDA	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 16,026.97 W/GST	
Loss of Rental (LOR):	S\$ 1,498.00 (14 days) x \$107 W/GST	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [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\$ 17,526.97 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 17,526.97 Name 1: CYCLE & CARRIAGE INDUSTRIES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	