

ASSIGNMENTSurveyor: STEVEDOI: 14/07/2021Date / Time : 14/07/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GV 3649K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

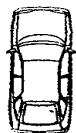
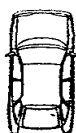
Excess Sec II : \$ _____ D.O.A : 05/07/2021 19:38Place of Accident : PIE > CHANGI

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**GBK 3115BINSRS: EFFICIENT
WSP: MOTOR & ENGINEERING
Tel : WORKS
Liability : PTE LTD
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>GBK 3115B - X</u>	Non-Reporting ltr (1st):	
	<u>GV 3649K - NS/INC16011526/H1vbn2 ; 18.6.16</u>	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: <u>CTY</u>		
Repair Cost: <u>L/S</u> S\$ <u>7,500.00</u> (<u>8</u> days) Reduction: <u>60</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>30.09.21</u> Confirm with <u>JESSIE</u> Email ☐ Call ☐		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>8,025.00</u>	<u>OID REAR ENDED TP</u>		
Loss of Rental (LOR): S\$ <u>-</u> (_____ days)			
Loss of Use (LOU): S\$ <u>800.00</u> (\$ <u>100</u> x <u>8</u> days)			
Loss of Income (LOI): S\$ <u>✓</u> (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>2.00</u>			
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$400</u>	
Total: S\$ <u>8,827.00</u> Global Sum S\$:			
FINAL PAYMENT	Date/Time: <u>30.09.21</u> Confirm with: <u>JESSIE</u> Email ☐ Call ☐		
Payee 1: S\$ <u>8,827.00</u>	Name 1: <u>EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		