

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **23/07/2021**Date / Time : **23/07/2021**Registered in Merimen: **23/07/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLM 2723Z**Claim No. : **3449742304SG**Name of Insured : **Tan Siong Phek**Policy No. : **2100504729**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **16/07/2021 13:00**Place of Accident : **53 Sixth Ave, Singapore 276491**

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**FBS 5531C**INSRS: **Hong Leong**
WSP: **Corporation**
Tel : **Holdings**
Liability : **Pte Ltd**
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time				
	FBS 5531C - X	SLM 2723Z - X	STAGE	DATE / PIC
			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: MTH	
Repair Cost: P/P	S\$ 1,655.95	(4 days) Reduction: 21 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 14.06.22	Confirm with DANIAL	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,771.87	OI HIT TP STATIONARY VEH		
Loss of Rental (LOR):	S\$ -	(_____ days)		
Loss of Use (LOU):	S\$ -	(\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ -	(\$ _____ x _____ days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S\$ 7.45			
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: \$320	
Total:	S\$ 1,779.32	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 14.06.22	Confirm with: DANIAL	Email ☐	Call ☐
Payee 1:	S\$ 1,779.32	Name 1: HONG LEONG CORPORATION HOLDINGS PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		