

ASSIGNMENT

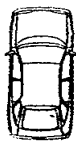
Surveyor:

ADRIAN

DOI: 13/10/2021

Date / Time : 26/07/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **YN 7902G**
 Name of Insured : **GOLDBELL LEASING PTE LTD**
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **17-07-2021**

Claim No. : **D21002130MFCV**
 Policy No. : **D-21097582MFCV**
 Make / Model : _____
 Place of Accident : _____

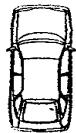
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SLX 11A**

INSRS:
WSP:
Tel : **SM AUTOMOTIVE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLX 11A - X	YN 7902G - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
29/11/2021	PLEASE REFER TO VIEW FOR MORE DETAILS		Call OI:	
	*SUBMIT WP AS PER FCI INSTRUCTIONS		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: L/SUM S\$ 2,800.00 (4 days) Reduction: 75 %			Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with		Email ☐	Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
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\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle WP	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 325.00	
Total:	S\$	Global Sum S\$:	\$170.00 + \$15.00 + \$40.00 + \$50.00 + \$50.00	
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐	Call ☐
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		