

ASSIGNMENTSurveyor: **RASUL**DOI: **29/07/2021**Date / Time : **29/7/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XE 2148J**Claim No. : **20/20/21/VC00/024806**

Name of Insured : _____

Policy No. : **Z/20/VC00/108112**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **28/07/2021 12:05**

Place of Accident : _____

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**SLM 9015M**INSRS:
WSP: **BORNEO**
Tel : **MOTOR**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 9015M -X	Non-Reporting ltr (1st):	
	XE 2148J - CS/AIG18012718/R1vbe2 ; 31/07/2017	Non-Reporting ltr (2nd):	
	CS3/MSG17006252/Sbm2 ; 18/03/2017	Non-Reporting ltr (Final):	
	NA/INC17005421/r3; 18/03/2017	Notification ltr (if non-pickup):	
	NA/INC17014838/r3; 31/07/2017	Call OI:	
	NS/INC16022307/Svbs2 ; 21/11/2016	After call ltr to OI:	
		Documentation Check List:	Handler Typist
11/02/2022	Pls refer to VIEWS for details.	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\$ 10,958.70 (9 days) Reduction: 32 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/04/2022 Confirm with Angela	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S\$ 11,725.81		
Loss of Rental (LOR):	S\$ 1,199.90 (13 days) x \$92.30		
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\$ 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\$ 12,927.71 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 12,927.71 Name 1: Borneo Motors (S) Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		