

ASSIGNMENT

Surveyor:

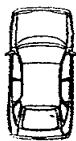
TAUFIKH

DOI: 16/09/2021

Date / Time : 11/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 4539H

Claim No. : S1M03FCB

Name of Insured : KATTULA VENKATA DURGA PRASAD

Policy No. : GA551503

Insured Tel No. : _____ HP: _____

Make / Model : Nissan Qashqai

Excess Sec II : S\$ _____ D.O.A : 07/08/2021 16:50

Place of Accident : CORPORATION ROAD

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

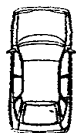
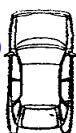
If NO, Driver Name / Age : KATTULA VENKATA SUNANDA

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GBJ 5431E

INSRS:
WSP: RICO 60 AUTO
Tel : SERVICES
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBJ 5431E - X	Non-Reporting ltr (1st):	
	SLG 4539H - CC3/AIG17002348/M1wa3b3 ; 01.02.2017	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: MTH		
Repair Cost: L/S	S\$ 17,500.00 (16 days) Reduction: 79 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 23.06.22 Confirm with: _____ Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 31	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 18,725.00	OID MAKE A LEFT TURN INTO THE MAIN ROAD HIT TP	
Loss of Rental (LOR):	S\$ 600.00 (4 days) X \$150		
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\$ 36.45		
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ - (e.g. Tow/Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$350	
Total:	S\$ 19,361.45	Global Sum S\$: 19,300.00	
FINAL PAYMENT	Date/Time: 23.06.22 Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 19,300.00	Name 1: RICO 60 AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	