

ASSIGNMENT

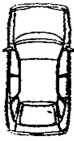
Surveyor:

RASUL

DOI:

16/08/2021Date / Time : **13/08/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **PC 6061D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **13/08/2021 14:36**Place of Accident : **Balmoral Park Toward Steven Road**

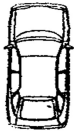
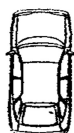
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SKF 2225T**INSRS:
WSP: **Automotive**
Tel : **Repair Centre**
Liability : **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKF 2225T - X	PC 6061D - 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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB	
Repair Cost: L/S	S\$ 2,300.00	(5 days) Reduction: 67 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 20.09.21	Confirm with SHUJUAN	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,461.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 360.00	(\$ 60 x 6 days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ -		1) Claim status: Normal/ Reject/Dispute Settle	
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: \$400	
Total:	S\$ 2,823.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 20.09.21	Confirm with: SHU JUAN	Email ☐	Call ☐
Payee 1:	S\$ 2,823.00	Name 1: AUTOMOTIVE REPAIR CENTRE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		