

ASSIGNMENTSurveyor: MARCUSDOI: 16/08/2021Date / Time : 16/08/2021Registered in Merimen: 16/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBE 1879A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/08/2021Place of Accident : ALEXANDRA RD X-JUNCTION -
TANGLIN 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

SMD 7942KINSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SMD 7942K - X</u>	<u>GBE 1879A - X</u>	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 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: aft. discount S\$	<u>\$12,000.00</u>	(5 days) Reduction: <u>\$9,250.38%</u>	44	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	<u>10/12/2021</u>	Confirm with <u>SHARON</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>12,840.00</u>	W/GST		
Loss of Rental (LOR):	S\$ (days)		OI BEAT RED LIGHT	
Loss of Use (LOU):	S\$ <u>200.00</u> (\$ 50 x 4 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$	1) Claim status: <u>Normal</u> /Reject/Private Settle		
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	S\$	3) Survey fee: <u>320.00</u>		
Total:	S\$ <u>13,042.00</u>	Global Sum S\$: 13,000.00		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1:	S\$ <u>13,000.00</u>	Name 1:	<u>TAN LIM MOTOR PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		