

ASSIGNMENT

Surveyor: Rasul

DOI: 19/08/2021

Date / Time : 18/08/2021

Registered in Merimen: 18/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKF 5486L

Claim No. : _____

Name of Insured : ASIA CAR RENTAL

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

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

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**

SLG 3253M



INSRS: _____
WSP: **MY CAR**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SLG 3253M : X	
	SKF 5486L : NBA/INC19007779/Y ; DOA : 02/05/2019	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos: Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **MRB** Email Call

FINAL SETTLEMENT Date/Time: **09.02.22** Confirm with **HUIQIN** Email Call Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **11b** If NO or B 28, Ass. Lia : _____

Repair Cost: **w/GST** S\$ **4,494.00** **OID MAKE A UTURN AT JUNCTION HIT TP**
 Loss of Rental (LOR): S\$ - (_____ days)
 Loss of Use (LOU): S\$ **720.00** (\$ **80** x **9** days)
 Loss of Income (LOI): S\$ - (\$ _____ x _____ days)
 LOR only LOU only LOR + LOU LOR + LOU [Tick only one]
 GIA/LTA Search S\$ **7.49**
 Medical: S\$ -
 Disbursement: S\$ - (e.g. Tow/ Independent)
 Legal Cost S\$ -
 1) Claim status: Normal/~~Reject/Dispute/Settle~~
 2) Report Format: **TP**
 3) Survey fee: **\$320**

Total: S\$ **5,221.49** **Global Sum S\$: 5,220.00**

FINAL PAYMENT Date/Time: **09.02.22** Confirm with: **HUIQIN** Email Call

Payee 1: S\$ **5,220.00** Name 1: **MY CAR CONSULTANT PTE LTD**
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____