

ASSIGNMENTSurveyor: LTGDOI: 20/08/2021Date / Time : 20/08/2021Registered in Merimen: 20/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMR 4843J

Claim No. : _____

Name of Insured : YEO BOK CHOON

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/08/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****FBJ 8603G**INSRS:
WSP: ACCIDENT
Tel : ASSIST
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBJ 8603G : X ; SMR 4843J : 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:	Confirm by: LTG	
Repair Cost:	L/S S\$ 2,600.00	(3 days) Reduction:	74 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25.11.21	Confirm with RAY T	Email ☐	Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,600.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ 124.00	(4 days) X \$31		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ 7.45			
Medical:	S\$ -			
Disbursement:	S\$ 30.00	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ -	2) Report Format: TP		
		3) Survey fee: \$320		
Total:	S\$ 2,761.45	Global Sum S\$:	2,760.00	
FINAL PAYMENT	Date/Time: 25.11.21	Confirm with: RAY T	Email ☐	Cal ☐
Payee 1:	S\$ 2,760.00	Name 1:	ACCIDENT ASSIST SG	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		