

ASSIGNMENTSurveyor: **RASUL**DOI: **01/09/2021**Date / Time : **25/08/2021**Registered in Merimen: **25/08/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **PC 4531C**Claim No. : **MFL2021D0003667**

Name of Insured : _____

Policy No. : **D19MFL0005058_02**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **24/08/2021 08:50**Place of Accident : **ALONG AYE EXIT CLEMENTI AVE 6**

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****XD 2698T**INSRS:
WSP: **GOLDBELL**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	XD 2698T - X	PC 4531C - 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	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: L/SUM	S\$ 2250.00	(6 days) Reduction: 57 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 29/11/2021	Confirm with CATHERINE	Email ☒ Call ☐		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 2,407.50				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ 1,080.00 (\$ 180 x 6 days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	S\$ 7.45				
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP		
Legal Cost	S\$		3) Survey fee: 350.00		
Total:	S\$ 3,494.95	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐		
Payee 1:	S\$ 3,494.95	Name 1: GOLDBELL ENGINEERING PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			