

ASSIGNMENT

Surveyor:

RASULDOI: **31/08/2021**Date / Time : **26/08/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBF 7399Z**Claim No. : **D21002394MFCV**Name of Insured : **SIANG HOCK CAR RENTAL PTE LTD**Policy No. : **D-21097524MFCV**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20-08-2021**

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**SCG 6128D**INSRS:
WSP: **TAN CHONG**
Tel : **MOTOR SALES**
Liability : **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBF 7399Z	STAGE	DATE / PIC
	SCG 6128D	Non-Reporting ltr (1st):	
	NBA/FCI21008802/Y ; 20.08.2021	Non-Reporting ltr (2nd):	
	CS/INC19018161/Evf3e2; 22/08/2019	Non-Reporting ltr (Final):	
	NA/INC19014900/Cz4; 22/08/2019	Notification ltr (if non-pickup):	
		Call OI:	
05/10/2021	PLEASE REFER TO VIEW FOR MORE DETAILS	After call ltr to OI:	
	*SUBMIT WP AS PER FCI INSTRUCTIONS	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: P/P	S\$ 8,502.88	(5 days) Reduction: 26 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	(days)	
Loss of Use (LOU):	S\$	(\$ x days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle WP
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$		3) Survey fee: 356.00
Total:	S\$	Global Sum S\$:	\$170.00 + \$15.00 + \$71.00 + \$50.00 + \$50.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	