

ASSIGNMENTSurveyor: MARCUSDOI: 20/09/2021Date / Time : 20/09/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBC 9827H

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 15/09/2021

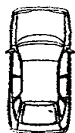
Place of Accident : _____

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**GBL 2109XINSRS:
WSP: LIU'S BROTHER
Tel : AUTO
Liability ENGINEERING
RMKS: WORKSHOPINSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	GBL 2109X - X	GBC 9827H - 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: CKS				
Repair Cost: P/P S\$ 2,006.01 (3 days) Reduction: 57% Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: 29.04.22 Confirm with SUSAN Email ☐ Call ☐				
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :				
Repair Cost: S\$ 2,006.01 OID REAR ENDED TP				
Loss of Rental (LOR): S\$ - (_____ days)				
Loss of Use (LOU): S\$ 320.00 (\$ 80 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\$ 2.00				
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: \$400	
Total: S\$ 2,328.01 Global Sum S\$:				
FINAL PAYMENT Date/Time: 29.04.22 Confirm with: SUSAN Email ☐ Call ☐				
Payee 1: S\$ 2,328.01 Name 1: LIU'S BROTHER AUTO ENGINEERING WORKSHOP				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				