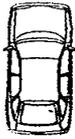


ASSIGNMENT

Surveyor: MARCUS DOI: 22/09/2021 Date / Time : 22/09/2021
 Registered in Merimen: _____

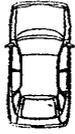
Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 824A Claim No. : D21002662MFCV
 Name of Insured : MEDIACORP TV SINGAPORE PTE. LTD. Policy No. : D-21097216MFCV
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 20-09-2021 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

GBC 9225U → → →



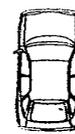
INSRS: LIU'S BROTHER
 WSP: AUTO
 Tel : ENGINEERING
 Liability: WORKSHOP
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>GBC 9225U - X</u>	Non-Reporting ltr (1st):	
	<u>GBC 824A - CC6/AIG13018619/Ksb3q2; 10/12/2012</u>	Non-Reporting ltr (2nd):	
	<u>CS/FCI19008911/Kqd3n2; 16/05/2019</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>05/10/2021</u>	<u>Pls refer to VIEWS for details.</u>	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
	<u>*Submit WP to MS FCI</u>	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"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u> S\$ <u>5,300.00</u> (<u>8</u> days) Reduction: <u>55</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:		Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$			1) Claim status: <u>Normal/Reject/Private Settle /WP</u>
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>
Legal Cost S\$			3) Survey fee: <u>\$337.00</u>
Total: S\$	Global Sum S\$:	<u>(\$170 + \$15 + \$52 + \$50 + \$50 = \$337.00)</u>	
FINAL PAYMENT Date/Time:		Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		