

ASSIGNMENTSurveyor: MarcusDOI: 24/09/2021Date / Time : 24/09/2021Registered in Merimen: 24/09/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBG 7109P

Claim No. : _____

Name of Insured : SIMPANG ENGINEERING PTE. LTD.

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 23/09/2021Place of Accident : New Upper Changi Rd,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****GBD 8414S**INSRS:
WSP: **JIN AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBD 8414S : <u>NA/III21009974/r3 ; DOA : 23/09/2021</u>	STAGE DATE / PIC
	GBG 7109P :	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	TPV: NISSAN NV200	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: <u>L/S</u> S\$ <u>\$7,000.00</u> (<u>3</u> days) Reduction: <u>\$3,534.90</u> % <u>34</u>		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>21/01/2022</u> Confirm with <u>JOUIS</u>	Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: S\$ <u>7,490.00</u> W/GST		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ <u>600.00</u> (\$ <u>100</u> x <u>6</u> days)		
Loss of Income (LOI): S\$ ☒ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ _____		3) Survey fee: <u>\$500.00</u>
Total: S\$ <u>8,090.00</u> Global Sum S\$: <u>8,050.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1: S\$ <u>8,050.00</u> Name 1: <u>JIN AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		