

ASSIGNMENTSurveyor: RASULDOI: 05/10/2021Date / Time : 04/10/2021Registered in Merimen: 04/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : PC3006JClaim No. : MCV2020D0004250

Name of Insured : _____

Policy No. : D20MCV0000961_01

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 27/09/2021 20:46

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**SG 5980BINSRS:
WSP: Tower Transit
Tel : Singapore P/L
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SG 5980B - X	STAGE	DATE / PIC
	PC 3006J - CC6/AIG14001462/Gv1y3c3; 15/01/2014	Non-Reporting ltr (1st):	
	CC6/AIG14012035/Gwa3q2; 30/05/2014	Non-Reporting ltr (2nd):	
	CS3/MSG18012597/Bqd3s2-1; 07/07/2018	Non-Reporting ltr (Final):	
	CS3/MSG18012597/Gz4d3s2 ; 07/07/2018	Notification ltr (if non-pickup):	
	NA/INC15015879/e1; 18/09/2015	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: MRB	
Repair Cost: P/P S\$ 1,389.98 (3 days) Reduction: 41 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29.03.22 Confirm with BALZIN	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,487.28		OID REAR ENDED TP	
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ 1,300.00 (\$ 325 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\$ 7.45			
Medical: S\$ -		1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$350	
Total: S\$ 2,794.73	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 29.03.22 Confirm with: BAZLIN	Email ☐ Call ☐	
Payee 1: S\$ 2,794.73	Name 1: TOWER TRANSIT SINGAPORE PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		