

ASSIGNMENT

Surveyor:

MARCUS

DOI:

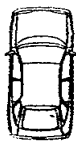
12/10/2021

Date / Time :

12/10/2021

Registered in Merimen:

12/10/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 899Z

Claim No. : 1810651155SG

Name of Insured : Lim Tow Leong

Policy No. : 1900252193-01

Insured Tel No. : HP: _____

Make / Model : Audi A6

Excess Sec II :S\$ _____ D.O.A : 30/09/2021 18:30

Place of Accident : New Upper Changi Rd, Singapore

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. :

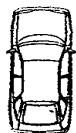
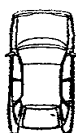
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

FBJ 1109M

INSRS:
WSP: Erofia Motor
Tel : Trading Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBJ 1109M - CC4/FCI20002274/Hba3q2 ; 22.01.2020	Non-Reporting ltr (1st):	
	SMD 899Z - X	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 :	☐ ☐
	CLAIMANT - MARK HOE CHUNG KIN	Medical Bill:	☐ ☐
		PIR:	☐ ☐
	TPV: PIAGGIO VESPA - 155cc	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: LS	S\$ 2,400.00 (4 days) Reduction: \$5,719.00% 70	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with: LEELEE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,400.00		
Loss of Rental (LOR):	S\$ (days)	(OI DRIVE STRAIGHT ON A RIGHT TURN ONLY LANE)	
Loss of Use (LOU):	S\$ 120.00 (\$ 20 x 6 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	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 2,520.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 2,520.00	Name 1: EROFIA MOTOR TRADING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	