

**ASSIGNMENT**

Surveyor: Marcus

DOI: 13/12/2021

Date / Time : 26/10/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBA 9693L

Claim No. : 21/21/21/VC05/025073

Name of Insured : BOON THYE GENERAL CONTRACTOR PTE LTD

Policy No. : Z21VC05007392

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 23/10/2021

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**

**GBK 6290H**



INSRS:  
WSP: BORNEO MOTORS  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	GBK 6290H : X	
	GBA 9693L : NA/MSG11007991/w1 ; DOA : 29/04/2011	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	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"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: **CKS**  
Repair Cost: **P/P** S\$ **9,743.10** ( **5** days) Reduction: **20** % Email  Call

**FINAL SETTLEMENT** Date/Time: **18.05.22** Confirm with **ANGELA** Email  Call   
Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia : \_\_\_\_\_

Repair Cost: **w/GST** S\$ **10,425.12** **OID REAR ENDED TP**  
Loss of Rental (LOR): S\$ **300.00** ( **3** days) **X \$100**  
Loss of Use (LOU): S\$ **160.00** ( \$ **80** x **2** days)  
Loss of Income (LOI): S\$ **-** ( \$  x days)  
LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
GIA/LTA Search S\$ **2.00**  
Medical: S\$ **-**  
Disbursement: S\$ **-** (e.g. Tow/ Independent )  
Legal Cost S\$ **-**  
1) Claim status: Normal/Reject/Printed/Scanned  
2) Report Format: **TP**  
3) Survey fee: **\$400**

**Total:** S\$ **10,887.12** **Global Sum S\$:**

**FINAL PAYMENT** Date/Time: **18.05.22** Confirm with: **ANGELA** Email  Call

Payee 1: S\$ **10,887.12** Name 1: **BORNEO MOTORS (S) PTE LTD**  
Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_