| LKK: |
| IDAC: |

INS. CASE OWNER:

CC6/AIG21012226/Upa3

ASSIGNMENT

Surveyor: **Marcus** DOI: 02/12/2021 Date / Time : 02/12/2021

Registered in Merimen: 02/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **YP 4770D** Claim No. : 0136209250SG

Name of Insured : **Bright Asia Construction Pte Ltd** Policy No. : 1900169054

Insured Tel No. : ___ HP: ___ Make / Model : ___

Excess Sec II :S$ ___ D.O.A : 29/11/2021 Place of Accident : ___

Is driver the owner? (YES / (NO)) Nature of Accident : ___

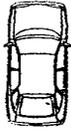If **NO**, Driver Name / Age : ___ OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : ___ (V/L: (YES) / NO) Insured Liability : ___ % **Final ? Yes / No**

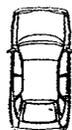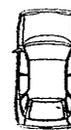**GBC 7716H** ⟶ ___ ⟶ ___ ⟶ ___

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LIU'S BROTHER	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	GBC 7716H : NA/AIG16004481/r3 ; DOA : 08/03/2016 YP 4770D : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		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 :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: ___ Sent By: ___

FINALIZATION Date/Time: ___ Confirm with: ___ Confirm by: ___

Repair Cost **L/sum** S$ 3,600.00 (4 days) Reduction: 55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/03/2022 Confirm with: **Susan** Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,600.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x5 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$	1) Claim status: Normal/~~Reject/Private~~ Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320.00
Total:	S$ 3,902.00 Global Sum S$: 3,900.00	

FINAL PAYMENT Date/Time: ___ Confirm with: ___ Email ✓ Call ☐

Payee 1:	S$ 3,900.00	Name 1:	Liu's Brother Auto Engineering Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	