

Surveyor:

LTG

DOI:

## ASSIGNMENT

06/12/2021

Date / Time :

06/12/2021

Registered in Merimen:

06/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBG 7645H**  
 Name of Insured : **DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD**

Claim No. : \_\_\_\_\_

Policy No. : \_\_\_\_\_

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **28/07/2021**

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**

GBH 7166T



INSRS:  
WSP: TEAM AUTOPRO  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | GBH 7166T : X ; GBG 7645H : 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:                     |                               |
|                                                                                |                                    |                                               | <b>Documentation Check List:</b>          | <b>Handler</b>                |
|                                                                                |                                    |                                               | Notification ltr (if non-pickup)          | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | After call ltr to OI:                     | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Authorisation To Act:                     | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Release Voucher:                          | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Final Repair Bill:                        | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Car Rental Invoice:                       | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Towing Invoice                            | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | LTA / GIA :                               | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Medical Bill:                             | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | PIR:                                      | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Mandate/Reject Instruction:               | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | LOD                                       | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Payment Breakdown Form:                   | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Post-Repair Photos:                       | <input type="checkbox"/>      |
|                                                                                |                                    |                                               | Others:                                   | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                         | Sent By:                                      |                                           |                               |
| <b>FINALIZATION</b>                                                            | Date/Time:                         | Confirm with:                                 | Confirm by:                               |                               |
| Repair Cost: <b>L/sum</b>                                                      | S\$ <b>4,300.00</b>                | ( <b>6</b> days) Reduction: <b>69</b> %       | Email <input type="checkbox"/>            | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>08/04/2022</b>       | Confirm with <b>Adel</b>                      | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability:                                                               | % <b>100</b>                       | (Agreed / Assessed) BOLA S/N No. : <b>NIL</b> | If NO or B 28, Ass. Lia :                 |                               |
| Repair Cost: <b>w/GST</b>                                                      | S\$ <b>4,601.00</b>                |                                               |                                           |                               |
| Loss of Rental (LOR) <b>w/GST</b>                                              | S\$ <b>1,027.20</b>                | ( <b>8</b> days) x\$120                       |                                           |                               |
| Loss of Use (LOU):                                                             | S\$ (\$ x days)                    |                                               |                                           |                               |
| Loss of Income (LOI):                                                          | S\$ (\$ x days)                    |                                               |                                           |                               |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | [Tick only one]                               |                                           |                               |
| GIA/LTA Search                                                                 | S\$ <b>29.00</b>                   |                                               |                                           |                               |
| Medical:                                                                       | S\$                                | 1) Claim status: Normal/Reject/Private Settle |                                           |                               |
| Disbursement:                                                                  | S\$ (e.g. Tow/ Independent )       | 2) Report Format: <b>TP</b>                   |                                           |                               |
| Legal Cost                                                                     | S\$                                | 3) Survey fee: <b>\$320.00</b>                |                                           |                               |
| <b>Total:</b>                                                                  | <b>S\$ 5,657.20</b>                | <b>Global Sum S\$: 5,650.00</b>               |                                           |                               |
| <b>FINAL PAYMENT</b>                                                           | Date/Time:                         | Confirm with:                                 | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1:                                                                       | S\$ <b>5,650.00</b>                | Name 1: <b>Team Autopro Pte Ltd</b>           |                                           |                               |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                                       |                                           |                               |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                                       |                                           |                               |