

ASSIGNMENTSurveyor: AdrianDOI: 28/12/2021Date / Time : 29/12/2021Registered in Merimen: 29/12/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMK 1225A
 Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD

Claim No. : _____

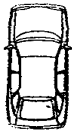
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 28/12/2021Place of Accident : PIE TOWARDS CHANGI, BEFORE EUNOS EXITIs driver the owner? (YES / ☒ NO) Nature of Accident : _____

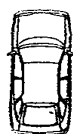
If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SJT 5512H**

INSRS:
WSP: ADVANCE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJT 5512H : <u>NA/CTI21013222/r3 ; DOA : 28/12/2021</u>	STAGE
	SMK 1225A :	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: <u>LS</u>	S\$ <u>10500.00</u> (<u>15</u> days) Reduction: <u>12118.50</u> % <u>54</u>	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>100%</u>
Repair Cost: S\$ <u>10,500.00</u>		
Loss of Rental (LOR): S\$ _____ (_____ days)		C.C (OI LAST)
Loss of Use (LOU): S\$ <u>950.00</u> (\$ <u>50</u> x <u>19</u> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ _____		1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement: S\$ <u>80.00</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ _____		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>11,537.45</u> Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1: S\$ _____ Name 1: <u>ADVANCE AUTO GARAGE</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		