

ASSIGNMENT

Surveyor:

Adrian

DOI:

14/12/2021

Date / Time :

11/01/2022

Registered in Merimen:

11/01/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLN 5727M**

Claim No. : _____

Name of Insured : **DANKER GERARD MARTIN**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **08/12/2021**

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****YP 8480P**INSRS:
WSP: **YSK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																
	YP 8480P : CC4/EQI19000692/Gwb3s2 ; DOA : 24/12/2018 SLN 5727M : NA/CTI21012514/r3 ; DOA : 08/12/2021	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐ ☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐ ☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐ ☐</td></tr> <tr><td>Release Voucher:</td><td>☐ ☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐ ☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐ ☐</td></tr> <tr><td>Towing Invoice</td><td>☐ ☐</td></tr> <tr><td>LTA / GIA :</td><td>☐ ☐</td></tr> <tr><td>Medical Bill:</td><td>☐ ☐</td></tr> <tr><td>PIR:</td><td>☐ ☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐ ☐</td></tr> <tr><td>LOD</td><td>☐ ☐</td></tr> <tr><td>Payment Breakdown Form:</td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐ ☐</td></tr> <tr><td>Others:</td><td>☐ ☐</td></tr> </tbody> </table>	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:	☐ ☐
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PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____																																															
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____																																														
Repair Cost: P/P	S\$ 1,000.00 (2 days) Reduction: 80 %	Email ☐ Call ☐																																														
FINAL SETTLEMENT	Date/Time: 06/04/2023 Confirm with Janet	Email ☒ Call ☐																																														
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :																																														
Repair Cost:	S\$ 1,000.00																																															
Loss of Rental (LOR):	S\$ _____ (_____ days)																																															
Loss of Use (LOU):	S\$ 240.00 (\$ 120 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\$ 7.45																																															
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\$ 1,247.45 Global Sum S\$:																																															
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐																																														
Payee 1:	S\$ 1,247.45 Name 1: YSK AUTO WORKSHOP																																															
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____																																															
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____																																															