

Surveyor:

Marcus

DOI:

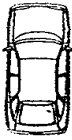
ASSIGNMENT
 18/02/2022

Date / Time :

18/02/2022

Registered in Merimen:

Pre-assign / CCU / FTE


 Insured Vehicle No. : GBB 7561S
 Name of Insured : Grassland Landscape Floral
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 16/02/2022

 Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

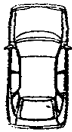
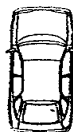
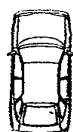
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES NO)OI GIA REPORT: ☒ YES NO ; TP GIA REPORT: ☒ YES NOInsured Liability : % **Final ? Yes / No**

GBF 4156C


 INSRs:
 WSP: LIU'S BROTHER
 Tel : _____
 Liability : _____
 RMKS: _____

 INSRs:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

 INSRs:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

 INSRs:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		
	GBF 4156C : X	STAGE DATE / PIC
	GBB 7561S : CS/CTI19010566/Kvd3s2 ; DOA : 01/06/2019	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:
Repair Cost: <u>L/sum</u>	S\$ <u>4,500.00</u> (<u>4</u> days) Reduction: <u>44</u> %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>23/06/2022</u> Confirm with <u>Susan</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>4,500.00</u>	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>300.00</u> (\$ <u>60</u> x <u>5</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>2.00</u>	
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____	3) Survey fee: <u>\$400.00</u>
Total:	S\$ <u>4,802.00</u> Global Sum S\$: 4,800.00	
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ <u>4,800.00</u> Name 1: <u>Liu's Brother Auto Engineering Workshop</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	