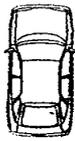|			LKK:
INS. CASE OWNER:	KHONG Lynn	CC4/ASM22003482/Apa3	IDAC: 257581

ASSIGNMENT

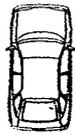Surveyor: _____ DOI: _____ Date / Time : 14/04/2022
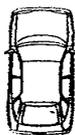
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.	:	SKM 4480Y	Claim No.	:	S2M03YKT
Name of Insured	:	MERCANTILE CORPORATION PTE LTD	Policy No.	:	GA325872
Insured Tel No.	:	HP:	Make / Model	:	

Excess Sec II :S$ _____ D.O.A : 13/04/2022   Place of Accident : North Bridge Road

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

If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

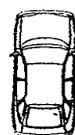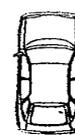Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ____ % **Final ? Yes / No**

SLG 5076U → _____ → _____   _____ → _____

INSRS:	INSRS:		INSRS:		INSRS:
WSP: Advance Auto Garage	WSP:		WSP:		WSP:
Tel :	Tel :		Tel :		Tel :
Liability :	Liability :		Liability :		Liability :
RMKS:	RMKS:		RMKS:		RMKS:

Date/ Time	SLG 5076U - X	SKM 4480Y - 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:		☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

	Handler	Typist
Post-Repair Photos:	☐	☐
Others:	☐	☐

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

Repair Cost: L/SUM S$ 1,300.00 (3 days) Reduction: 66 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time 28/12/2022 Confirm with XAVIER   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,300.00	
Loss of Rental (LOR):	S$ 300.00 (3 days) X $100	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**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: $350.00
Total:	S$ 1,607.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____   Email ☑ Call ☐

Payee 1:	S$ 1,607.45	Name 1: ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: