

ASSIGNMENT

Surveyor:

MARCUSDOI: **19/04/2022**Date / Time : **19/04/2022**Registered in Merimen: **19/04/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNB 5522B**Claim No. : **6686745145SG**

Name of Insured : _____

Policy No. : **7210066945**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **06/04/22**

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**FBC 4023T**INSRS: **EROFIA**
WSP: **MOTOR**
Tel : **TRADING**
Liability : **PTE LTD**
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	FBC 4023T - X	SNB 5522B - 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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: CKS	
Repair Cost:	L/S S\$ 3,600.00 (4 days) Reduction: 72 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 19.09.22 Confirm with LEE LEE	Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia : _____		
Repair Cost:	S\$ 3,600.00	OI EXIT FROM PARKING LOT HIT TP		
Loss of Rental (LOR):	S\$ - (_____ days)			
Loss of Use (LOU):	S\$ 180.00 (\$ 30 x 6 days)			
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ -			
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		
Total:	S\$ 3,780.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 19.09.22 Confirm with: LEE LEE	Email ☐ Call ☐		
Payee 1:	S\$ 3,780.00	Name 1:	EROFIA MOTOR TRADING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		