

ASSIGNMENT

Surveyor:

MARCUS

DOI:

21/04/2022

Date / Time :

21/04/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **GY 1045A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **19/04/2022 19:35**Place of Accident : **PAYA LEBAR RD**

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**SLK 2952P**INSRS:
WSP: **Falcon-Air**
Tel : **Auto Services**
Liability : **(Tampines)**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLK 2952P - X		
	GY 1045A - CS/MSG19022778/AHvd3e2 ; 16.12.2019	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: _____	Confirm by: CKS	
Repair Cost: L/S	S\$ 4,000.00 (5 days) Reduction: 57 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 27.09.22 Confirm with ANNA	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 4,280.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 2.00		
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: \$400	
Total:	S\$ 4,582.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 27.09.22 Confirm with: ANNA	Email ☐ Call ☐	
Payee 1:	S\$ 4,582.00	Name 1: FALCON-AIR AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	