

ASSIGNMENTSurveyor: **MARCUS**DOI: **27/04/2022**Date / Time : **27/04/2022**Registered in Merimen: **27/04/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLG 7308M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25-04-22**

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

SLN 7201AINSRS: **CHOO**
WSP: **MOTOR**
Tel : **SPRAY**
Liability: **PAINTER**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLN 7201A - NA/INC17018604/z4 ; 27.09.2017	Non-Reporting ltr (1st):	
	SLG 7308M - X	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\$ 4,200.00 (3 days) Reduction: 65 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 02.09.22 Confirm with JINEE	Email ☐ Call ☐	
Final Liability: 100 % 50	(Agreed / Assessed) BOLA S/N No. : 20	If NO or B 28, Ass. Lia :	
Repair Cost: \$4,200.00	S\$ 2,100.00 SIDE SWIPE		
Loss of Rental (LOR): \$300	S\$ 150.00 (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 \$7.45	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: \$500	
Total:	\$4,507.45 S\$2,257.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 02.09.22 Confirm with: JINEE	Email ☐ Call ☐	
Payee 1:	S\$ 2,257.45 Name 1: CHOO MOTOR SPRAY PAINTER		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		