

ASSIGNMENTSurveyor: **MARCUS**DOI: **30/05/2022**Date / Time : **27/05/2022**Registered in Merimen: **27/05/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 2933D**Claim No. : **7478485021SG**

Name of Insured :

Policy No. : **0999993603**

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II :S\$D.O.A : **26/05/2022 08:30**Place of Accident : **Near 04-06 Airport Cargo Rd, Singapore**
AIRPORT CARGO ROAD

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

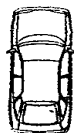
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**YQ 1752X**INSRS:
WSP: **Liu's Brother Auto**
Tel : **Engineering Workshop**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	YQ 1752X	NA/AIG22005009/r3 ; 26.05.2022	STAGE	DATE / PIC	
	GBH 2933D		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)	<input type="checkbox"/>	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
			LOD	<input type="checkbox"/>	<input type="checkbox"/>
			Payment Breakdown Form:		<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	CKS	
Repair Cost:	P/P S\$ 1,907.67	(2 days) Reduction:	70%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 06.09.22	Confirm with SUSAN	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 1,907.67	OID REVERSED AND HIT TP			
Loss of Rental (LOR):	S\$ -	(- days)			
Loss of Use (LOU):	S\$ 420.00	(\$ 140 x 3 days)			
Loss of Income (LOI):	S\$ -	(\$ - x - days)			
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[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:	\$400	
Total:	S\$ 2,335.12	Global Sum S\$: 2,330.00			
FINAL PAYMENT	Date/Time: 06.09.22	Confirm with: SUSAN	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$ 2,330.00	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			