

ASSIGNMENT

Surveyor:

MARCUS

DOI:

01/07/2022

Date / Time :

01.07.2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 5131G**Claim No. : **S2M045MO**Name of Insured : **TRANS-CAB SERVICES PTE LTD**Policy No. : **P2459880**

Insured Tel No. : _____ HP: _____

Make / Model : **Renault Latitude****Excess Sec II :S\$** _____ D.O.A : **29/06/2022 21:30**Place of Accident : **JUNCTION OF KLANG LANE AND BELILIOS ROAD**

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

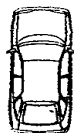
If **NO**, Driver Name / Age : **NG BOCK KIONG**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SLZ 155H**INSRS: **ASIA**
WSP: **MOTORSPORTS**
Tel : **SOLUTION**
Liability: **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLZ 155H - X	SHD 5131G - 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: _____	
Repair Cost: L/sum	S\$ 6,200.00 (5 days) Reduction: 70 %	Email ☒ Call ☐		
FINAL SETTLEMENT	Date/Time: 30/08/2022 Confirm with Asia Motorsports	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 6,200.00			
Loss of Rental (LOR):	S\$ 900.00 (6 days) x \$150			
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 ☒ Private ☐		
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$	3) Survey fee: \$350.00		
Total:	S\$ 7,107.45	Global Sum S\$: 7,100.00		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 7,100.00	Name 1:	ASIA MOTORSPORTS SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		