

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **04/07/2022**Date / Time : **04/7/2022**Registered in Merimen: **04/07/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLB 2777B**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **02-07-22 11:20**

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

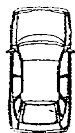
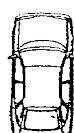
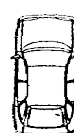
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

Final ? Yes / No

**SLR 6686U**INSRS:  
WSP: **Falcon air**  
Tel : **Tampines**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SLR 6686U - X                                               | SJB 9336T - 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:                                                   |                          |
|                                                                                                                                                                      |                                                             |                                                 | <b>Documentation Check List:</b>                                        | <b>Handler</b>           |
|                                                                                                                                                                      |                                                             |                                                 |                                                                         | <b>Typist</b>            |
|                                                                                                                                                                      |                                                             |                                                 | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | After call ltr to OI:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Authorisation To Act:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Release Voucher:                                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Final Repair Bill:                                                      | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Car Rental Invoice:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Towing Invoice                                                          | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | LTA / GIA :                                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Medical Bill:                                                           | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | PIR:                                                                    | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Mandate/Reject Instruction:                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | LOD                                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Payment Breakdown Form:                                                 | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                  | Sent By:                                        | Post-Repair Photos:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                 | Others:                                                                 | <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                  | Confirm with:                                   | Confirm by:                                                             |                          |
| Repair Cost: <b>L/sum</b>                                                                                                                                            | S\$ <b>7,700.00</b> ( <b>4</b> days) Reduction: <b>54</b> % |                                                 | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>26/09/2022</b>                                | Confirm with <b>Anna</b>                        | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>   |                                                 | If NO or B 28, Ass. Lia : <b>0</b>                                      |                          |
| Repair Cost: <b>w/GST</b>                                                                                                                                            | S\$ <b>8,239.00</b>                                         |                                                 |                                                                         |                          |
| Loss of Rental (LOU): <b>w/GST</b>                                                                                                                                   | S\$ <b>749.00</b> ( <b>5</b> days) x <b>\$140.00</b>        |                                                 |                                                                         |                          |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                             |                                                 |                                                                         |                          |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                             |                                                 |                                                                         |                          |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                                 |                                                                         |                          |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>2.00</b>                                             |                                                 |                                                                         |                          |
| Medical:                                                                                                                                                             | S\$                                                         |                                                 |                                                                         |                          |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                |                                                 |                                                                         |                          |
| Legal Cost                                                                                                                                                           | S\$                                                         |                                                 |                                                                         |                          |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>8,990.00</b>                                         | <b>Global Sum S\$: 8,950.00</b>                 |                                                                         |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                  | Confirm with:                                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Payee 1:                                                                                                                                                             | S\$ <b>8,950.00</b>                                         | Name 1: <b>Falcon-Air Auto Services Pte Ltd</b> |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                                         |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                                         |                                                                         |                          |

1) Claim status: Normal/Reject Private Sec'd

2) Report Format: **TP**3) Survey fee: **\$320.00**