

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 22.09.2022Registered in Merimen: 22.09.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SKT 7352C.

Claim No. : _____

Name of Insured : MUHAMAD IQBAL SOLIHIN BIN JA'AFARPolicy No. : SP2001681581-01

Insured Tel No. : _____ HP: _____

Make / Model : Kia CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4D**Excess Sec II :S\$**D.O.A : 16/09/2022Place of Accident : CTE TOWARDS SLE

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

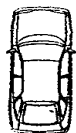
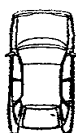
If NO, Driver Name / Age : NUR AIMAN BIN NORRAHIM

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SFZ 4177P**INSRS:
WSP: **FALCON**
Tel : **AIR - S/M**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SFZ 4177P -	CF/AIG08019866/gz1 21/07/2008 - SFZ 4177P SJE 2566B 26/06/2008 22/07/2008 TMC		
SKT 7352C - X			
We have detected that there is already an active claim within 1 day of the Date of Loss.		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: P/P S\$ 4,026.00 (2 days) Reduction: 21 % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 13/04/2023 Confirm with FLORENCE Email ☒ Call ☐			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :			
Repair Cost: 8%GST S\$ 4,348.08			
Loss of Rental (LOR): 8%GST S\$ 216.00 (2 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 S\$ 2.00			
Medical: S\$			
Disbursement: S\$ (e.g. Tow/ Independent)			
Legal Cost S\$			
1) Claim status: Normal/Reject/Private Settle			
2) Report Format: TP			
3) Survey fee: \$350.00			
Total: S\$ 4,566.08 Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1: S\$ 4,566.08 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:			