

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **19/10/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLX 9492K**

Claim No. : _____

Name of Insured : **TENG LU HIN ALEX (DENG YUXING)**Policy No. : **Z22VP05030886**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **17/10/2022 14:00**Place of Accident : **T-JUNCTION WITH TAGORE 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**SLW 914A**INSRS:
WSP: **Zero Gravity**
Tel :
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
SLW 914A	NBA/LPC22010305/Y	18/10/2022	TENG LU HIN ALEX (DENG YUXING)	SLX 9492K	SLW 914A	17/10/2022	RBA	Non-Reporting ltr (1st):	
SLX 9492K	NBA/LPC22010305/Y	18/10/2022	TENG LU HIN ALEX (DENG YUXING)	SLX 9492K	SLW 914A	17/10/2022	RBA	Non-Reporting ltr (2nd):	
								Non-Reporting ltr (Final):	
								Notification ltr (if non-pickup):	
								Call OI:	
								After call ltr to OI:	
								Documentation Check List:	
								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:			
Repair Cost: L/SUM	S\$ 5,100.00	(7 days)	Reduction: 49	%	Email ☒ Call ☐				
FINAL SETTLEMENT	Date/Time: 08/03/2023	Confirm with Sylvie				Email ☒	Call ☐		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9				If NO or B 28, Ass. Lia :			
Repair Cost:	S\$ 5,100.00								
Loss of Rental (LOR):	S\$ 1,000.00	(10 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\$ 7.45								
Medical:	S\$								
Disbursement:	S\$ (e.g. Tow/ Independent)								
Legal Cost	S\$								
Total:	S\$ 6,107.45	Global Sum S\$:							
FINAL PAYMENT	Date/Time:	Confirm with:				Email ☒	Call ☐		
Payee 1:	S\$ 6,107.45	Name 1:	Zero Gravity						
Payee 2: (Strike if N.A.)	S\$	Name 2:							
Payee 3: (Strike if N.A.)	S\$	Name 3:							

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: **TP**
 3) Survey fee: **\$400.00**