

ASSIGNMENTSurveyor: **MARCUS**DOI: **28/10/2022**Date / Time : **28/10/2022**Registered in Merimen: **28/10/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMF 861X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **27/10/2022 10:30**Place of Accident : **#01-23 Kent Rd, Block 52, S 210052**

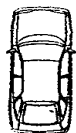
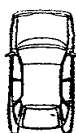
Is driver the owner? (YES / NO) Nature of Accident : _____

CAR PARK BLK 52 KENTROAD SINGAPOREIf **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****EY 3553K**INSRS:
WSP: **SOON SAN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	EY 3553K - X	SMF 861X - X	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: L/SUM S\$ 6,900.00 (5 days) Reduction: 57 %			Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 03/01/2023 Confirm with Vincent			Email ☒	Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 6,900.00				
Loss of Rental (LORw/GST) S\$ 898.80 (7 days) X \$120.00				
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\$				
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: \$320.00	
Total: S\$ 7,798.80	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1: S\$ 7,798.80	Name 1:	SOON SAN MOTOR TRADING		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			