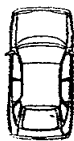


ASSIGNMENT

Surveyor:

MARCUSDOI: **01.11.2022**Date / Time : **01.11.2022**Registered in Merimen: **01.11.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLD 8212P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

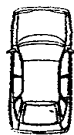
Excess Sec II :S\$ _____ D.O.A : **29/10/2022 15:30**Place of Accident : **PIE TOWARDS CHANGI BEFORE THOMSON EXIT**

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****SLE 3348J**INSRS:
WSP: **MS CAR AUTO**
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
SLE 3348J	NBA/TMI22010798/Y 31/10/2022 GONCHAROVA ELENA SLE 3348J SLD 8212P 29/10/2022 - RBA	
SLD 8212P	NBA/TMI22010798/Y 31/10/2022 GONCHAROVA ELENA SLE 3348J SLD 8212P 29/10/2022 - RBA	
	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\$ 16,200.00 (14 days) Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/07/2023 Confirm with 25/07/2023	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28 (Ass.100%)	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 16,200.00	
Loss of Rental (LOR):	S\$ 2,380.00 (17 days) @\$140	
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/Prints/Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320
Total:	S\$ 18,580.00	Global Sum S\$:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 18,580.00 Name 1: MS CAR AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	