

ASSIGNMENTSurveyor: ADRIANDOI: 16.11.2022Date / Time : 16.11.2022Registered in Merimen: 20.11.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBG 2955X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10.11.2022 20:30

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**SMZ 6527SINSRS:
WSP: J-MART
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMZ 6527S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
	NA/LIP22001192/m4 08/02/2022 SOH SAN FAN GBG 2073R SMZ 6527S 01/02/2022 18/02/2022 SML	
	GBG 2955X - 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: ☐ ☐
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____	
Repair Cost: L/SUM	S\$ 3,100.00 (5 days) Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/04/2023 Confirm with Angie	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 8% GST	S\$ 3,348.00	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 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\$ 3,648.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐	
Payee 1:	S\$ 3,648.00 Name 1: J-MART MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	