

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 22/12/2022Registered in Merimen: 28/12/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SME 6192J

Claim No. : _____

Name of Insured : BIS MOTORING PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 19/12/2022 20:00Place of Accident : 9 Raffles Blvd, Singapore 039596

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

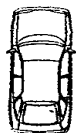
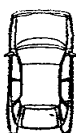
MILLENNIA WALK SINGAPORE

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**EN 3232UINSRS:
WSP: Progressive Car
Tel : Care Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
EN 3232U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC14009809 26/05/2014 YEO ENG KIAT EN 3232U SHB 6339D 26/05/2014 29/05/2014 NBS	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: P/P S\$ 942.06 (2 days) Reduction: 70 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 10/05/2023 Confirm with DAWN Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26 If NO or B 28, Ass. Lia :		
Repair Cost: 8%GST S\$ 1,017.42		
Loss of Rental (LOR): S\$ 200.00 (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\$		
Total: S\$ 1,219.42 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 1,219.42 Name 1: Progressive Car Care Pte Ltd		
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: **\$350.00**