

ASSIGNMENTSurveyor: MarcusDOI: 05/01/2023Date / Time : 04/01/2023Registered in Merimen: 04/01/2023**Pre-assign / CCU / FTE**Insured Vehicle No. : GBL 9971B

Claim No. : _____

Name of Insured : Autobahn Rent A Car Pte LtdPolicy No. : SP2001805754

Insured Tel No. : _____ HP: _____

Make / Model : Honda N VAN FUN STYLE TURBOExcess Sec II :S\$ _____ D.O.A : 30/12/2022 11:40Place of Accident : Near 1 Lor Tahar, Singapore 387743
KPE (ECP) towards City

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

If NO, Driver Name / Age : Yeo Fu Kiang

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**GBE 4774ZINSRS:
WSP: **ZERO GRAVITY**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBE 4774Z - X	GBL 9971B - X	STAGE	DATE / PIC
			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: <u>L/Sum</u>	S\$ <u>4,750.00</u> (<u>5</u> days) Reduction: <u>54</u> %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>04/07/2023</u> Confirm with <u>Sylvie</u>	Email ☒ Call ☐		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. <u>28 (Ass.0%)</u>	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ <u>4,750.00</u>			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ <u>560.00</u> (\$ <u>80</u> x <u>7</u> days)			
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>26.75</u>			
Medical:	S\$ _____	1) Claim status: Normal/Reject/Dispute/Settle		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	S\$ _____	3) Survey fee: <u>\$350</u>		
Total:	S\$ <u>5,336.75</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>5,336.75</u>	Name 1:	<u>ZERO GRAVITY</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		