

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **13.01.2023**
 Registered in Merimen: **18.01.2023**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBL 9836J** Claim No. : _____
 Name of Insured : **Autobahn Rent A Car Pte Ltd** Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : **12.01.2023 12:50** 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**

SHD 1694A



INSRS:
WSP: **PREMIER**
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	STAGE	Created By	DATE / PIC
	SHD 1694A -	06/10/2015		SHD 1694A SHB 2387R		20/07/2015	07/10/2015	CS/FC115012211/Rqbc		
	GBL 9836J - 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)	<input type="checkbox"/>	<input type="checkbox"/>
								After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
								Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
								Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
								Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
								Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
								Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
								LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
								Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
								PIR:	<input type="checkbox"/>	<input type="checkbox"/>
								Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
								LOD	<input type="checkbox"/>	<input type="checkbox"/>
								Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
								Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
								Others:	<input type="checkbox"/>	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:							Confirm with:		Confirm by:
Repair Cost: P/P	S\$ 2,927.92	(5 days)	Reduction: 23 %					Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 20/03/2023	Confirm with Wennis						Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : NIL					If NO or B 28, Ass. Lia :		
Repair Cost: 8% GST	S\$ 3,162.15									
Loss of Rental (LOR):	S\$ 255.96	(3 days)	X \$85.32							
Loss of Use (LOU):	S\$ _____	(\$ _____ x _____ days)								
Loss of Income (LOI):	S\$ 150.00	(\$ 50 x 3 days)								
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input checked="" type="checkbox"/>					[Tick only one]		
GIA/LTA Search	S\$ 2.00									
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: \$350.00		
Total:	S\$ 3,570.11		Global Sum S\$: 3,570.00							
FINAL PAYMENT	Date/Time:		Confirm with:					Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$ 3,570.00	Name 1:	Premier Automotive Services Pte Ltd							
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:								
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:								