

ASSIGNMENTSurveyor: MARCUSDOI: 15.02.2023Date / Time : 15.02.2023Registered in Merimen: 15.02.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SJY 81R

Claim No. : _____

Name of Insured : Denny JoswaraPolicy No. : SP2002535621

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 07/02/2023 13:26Place of Accident : Bedok North Rd, Singapore
towards Bedok North Avenue 1

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

GBB 9745RINSRS: LIU'S BROTHER
WSP: AUTO
Tel : ENGINEERING
Liability: WORKSHOP
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	GBB 9745R - X	SJY 81R - 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: L/SUM	S\$ 2,800.00 (4 days) Reduction: 58 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 22/05/2023 Confirm with Susan	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 2,800.00			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ 400.00 (\$ 80 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\$ 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\$ 3,202.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,202.00	Name 1:	Liu's Brother Auto Engineering Workshop	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		