

ASSIGNMENTSurveyor: **MARCUS**DOI: **23/02/2023**Date / Time : **23/02/2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBD 3417S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21/02/2023 08:05**Place of Accident : **ALONG PENENG ROAD TOWARDS SOMERSET**

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

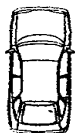
If **NO**, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SJE 298M**INSRS: **JUZZ**
WSP: **PERFORMANCE**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJE 298M - X			
GBD 3417S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reported By			
NA/INC19003911/z4 02/03/2019 LOW WEE KANG SMG 9589T GBD 3417S 01/03/2019 HZ1			
NA/TMI16019454/h4 13/10/2016 UDAYAKUMAR MURUGARAJ GBD 3417S GX 2337G			
		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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/Sum	S\$ 9,500.00	(4 days) Reduction: 54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/06/2023	Confirm with Mrs Anwar	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S\$ 10,260.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 400.00 (\$ 100 x 4 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\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 10,660.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 10,660.00	Name 1: JUZZ PERFORMANCE 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 Sale

2) Report Format: **TP**3) Survey fee: **\$400**