

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **02.03.2023**Registered in Merimen: **03.03.2023****Pre-assign / CCU / FTE**

Insured Vehicle No. : **SNH 8059X**
 Name of Insured : **MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD**

Claim No. : _____

Policy No. : **SP2003907937**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **23/02/2023 15:10**Place of Accident : **501 Orchard Rd, Singapore 238880**

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

WHELOCK PLACE B2 CARPARKIf NO, Driver Name / Age : **SVETLANA DUNAEVSKAYA**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SKQ 7L**

INSRS:
WSP: **C & C**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKQ 7L - X	SNH 8059X - 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
			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: P/P	S\$ 13,661.96 (4 days) Reduction: 12 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 20/06/2023	Confirm with: Amanda	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST	S\$ 14,754.92			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 480.00 (\$ 120 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\$		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\$ 15,234.92	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 15,234.92	Name 1:	CYCLE & CARRIAGE INDUSTRIES PL	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		