

ASSIGNMENTSurveyor: MarcusDOI: 14/04/2023Date / Time : 13.04.2023Registered in Merimen: 14.04.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : GBK 9466Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08.04.2023 18:30Place of Accident : CTE Exit To SLE

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**FBJ 2406ZINSRS:
WSP: BHH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBJ 2406Z - X	GBK 9466Z - 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>800.00</u> (<u>3</u> days) Reduction: <u>73</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>26/06/2023</u> Confirm with <u>Stephanie</u>		Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>Nil</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>864.00</u>			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ <u>60.00</u> (\$ <u>20</u> x <u>3</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>2.00</u>			
Medical:	S\$		1) Claim status: Normal/ Rejected Private Sec'd	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$350</u>	
Total:	S\$ <u>926.00</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>926.00</u>	Name 1: <u>BAN HOCK HIN CO. PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		